

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117820

Entity Name: MDS DEVELOPERS, INC.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

2000 WEBBER STREET
SARASOTA, FL 34239

New Principal Place of Business:

1517 STATE STREET
#203
SARASOTA, FL 34236

Current Mailing Address:

2000 WEBBER STREET
SARASOTA, FL 34239

New Mailing Address:

1517 STATE STREET
#203
SARASOTA, FL 34236

FEI Number: 09-0053075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOIGT, STEPHEN F
C/O VOIGT & VOIGT, P.A.
2042 BEE RIDGE ROAD
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SEC () Delete
Name: KANTER, DOUG
Address: 1535 BAY POINT DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: P () Delete
Name: ADAMS, R CRAIG
Address: 1517 STATE STREET
City-St-Zip: SARASOTA, FL 34236

Title: TREA () Delete
Name: ADAMS, R CRAIG
Address: 2000 WEBBER STREET
City-St-Zip: SARASOTA, FL 34239

Title: VP () Delete
Name: KANTER, DOUG
Address: 2000 WEBBER STREET
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: ADAMS, R CRAIG
Address: 1517 STATE STREET #203
City-St-Zip: SARASOTA, FL 34236

Title: VP (X) Change () Addition
Name: KANTER, DOUG
Address: 1535 BAY POINT DRIVE
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R CRAIG ADAMS

P

04/24/2006

Electronic Signature of Signing Officer or Director

Date