


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90094 030 \*\*\*150.00

<b>DOCUMENT # P02000117820</b>	
1. Entity Name <b>MDS DEVELOPERS, INC.</b>	

Principal Place of Business <b>1517 STATE STREET #203 SARASOTA, FL 34236</b>	Mailing Address <b>1517 STATE STREET #203 SARASOTA, FL 34236</b>
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2. Principal Place of Business, No P.O. Box # <b>1535 Bay Point Drive</b>	3. Mailing Address <b>16528 N. Dale Mabry Hwy</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Sarasota, Florida</b>	City & State <b>Tampa, Florida</b>
Zip <b>34236</b>	Zip <b>33618</b>
Country <b>USA</b>	Country <b>USA</b>

40113611



05112007 Chg-P CR2E034 (12/06).

4. FEI Number <b>09-0053075</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>VOIGT, STEPHEN F C/O VOIGT &amp; VOIGT, P.A. 2042 BEE RIDGE ROAD SARASOTA, FL 34239</b>	7. Name and Address of New Registered Agent Name <b>Walter Sanders</b> Street Address (P.O. Box Number, Not Acceptable) <b>16528 N. Dale Mabry Hwy</b> City <b>Tampa</b> FL Zip Code <b>33618</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE <b>Walter Sanders</b>	<b>Walter Sanders</b>	DATE <b>5/11/07</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC KANTER, DOUG 1535 BAY POINT DRIVE SARASOTA, FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ADAMS, R CRAIG 1517 STATE STREET SARASOTA, FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA ADAMS, R CRAIG 1517 STATE STREET #203 SARASOTA, FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KANTER, DOUG 1535 BAY POINT DRIVE SARASOTA, FL 34239</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Douglas Kanter</b>		DATE: <b>5/11/07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>941-376-2103</b>	