2004 FOR PROFIT CORPORATION

Feb 11, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P02000132527 SANĆARO DEVELOPMENT, INC. Principal Place of Business Mailing Address 930 CAPE MARCO DRIVE PH-3 930 CAPE MARÇO DRIVE PH-3 MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 02082004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-1165455 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WOODWARD, CRAIG R DO NOT WRITE WOODWARD WOODWARD PIRES & LOMBARDO PA 606 BALD EAGLE DRIVE SUITE 500 IN THIS SPACE MARCO ISLAND, FL 34146 3. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 'n TITLE GLON, DALE NAME STREET ADDRESS 930 CAPE MARCO DRIVE PH-3 MARCO ISLAND, FL 34145 CiTY-ST-7IP TITLE n2/199899846986981-001 158.75 ALBAUGH, DENNIS NAME STREET ADDRESS 930 CAPE MARCO DRIVE PH-3 MARCO ISLAND, FL 34145 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CUTY - ST - ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ceth; that I am an officer or director of the corporation or the receiver or trustree empowered by changed, or on an attagramment with an address, with a fighter like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY+ST-ZIP

INTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-04

237-394-521)
Daving Phone 4

FILED .