
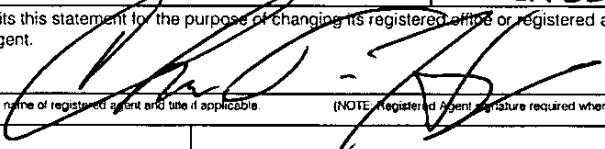


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90065 035 ***150.00

DOCUMENT # P03000003808 1. Entity Name PARTNERS DEVELOPMENT GROUP INC.					
Principal Place of Business 18319 SE RIDGEVIEW COURT TEQUESTA, FL 33469			Mailing Address 18319 SE RIDGEVIEW COURT TEQUESTA, FL 33469		
2. Principal Place of Business 10218 ALLAMANDA BLVD Suite, Apt. #, etc.		3. Mailing Address 10218 ALLAMANDA BLVD Suite, Apt. #, etc.			
City & State PALM BEACH GARDENS, FL Zip 33410		City & State PALM BEACH GARDENS, FL Zip 33410		4. FEI Number 43-1996361 APPLIED FOR	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLERKE, WILLIAM 5070 SE INKWOOD WAY HOBE SOUND, FL 33455			7. Name and Address of New Registered Agent Name HAYES, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 10218 ALLAMANDA BLVD City PALM BEACH GARDENS FL Zip Code 33410		
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  DATE 1/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLERKE, WILLIAM 18319 SE RIDGEVIEW COURT TEQUESTA, FL 33469	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLERKE, WILLIAM 3200 VIA ROYALE, APT 3206 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITNEY, DOUGLAS J 18319 SE RIDGEVIEW COURT TEQUESTA, FL 33469	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEPHENS, DAVID 18319 SE RIDGEVIEW COURT TEQUESTA, FL 33469	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40009366



01042005 Chg-P CR2E034 (10/03)