2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000003808

FILED Jan 08, 2007 Secretary of State

					000.000.	
Entity Name	: PARTN	IERS DEVELOPMENT GROUP I	NC.			
Current Prin	ıcipal Pla	ce of Business:	New Princ	New Principal Place of Business:		
10218 ALLAN PALM BEAC		OULEVARD :NS, FL 33410				
Current Mailing Address:			New Maili	New Mailing Address:		
10218 ALLAN PALM BEAC		OULEVARD INS, FL 33410				
FEI Number: 43	3-1996361	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
HAYES, CHF 10218 ALLAN PALM BEAC	MANDA B					
The above na in the State o		ry submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATURE	:. ::					
	Electr	onic Signature of Registered Age	ent		Date	
Election Campa	aign Financ	ing Trust Fund Contribution ().				
OFFICERS A	AND DIRE	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Name: C Address: 3	CLERKE, W	YALE APT 3206	Title: Name: Address: City-St-Zip:	CLERKE, WI	YALE APT 3206	
	/D WHITNEY C	() Delete	Title:	VP ((X) Change()Addition	

HAYES, CHRSTOPHER

10218 ALLAMANDA BLVD

PALM BEACH GARDENS, FL 33410

Name:

Address:

City-St-Zip:

18319 SE RIDGEVIEW COURT 18319 SE RIDGEVIEW COURT Address: Address: TEQUESTA, FL 33469 City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: Title: Title: STD () Delete () Change () Addition Name: STEPHENS, DAVID Name: Address: 18319 SE RIDGEVIEW COURT Address: City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DOUGLAS J. WHITNEY VΡ 01/08/2007