2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 05, 2006 8:00 am Secretary of State DOCUMENT # P03000006122 1. Entity Name 05-05-2006 90159 019 ***158.75 E.H. DEVELOPMENT, INC. Principal Place of Business Mailing Address 1155 S SEMORAN BLVD, #1120 1155 S SEMORAN BLVD, #1120 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 06-1674663 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEPHAN, REINHARD G ESQ Street Address (P.O. Box Number is Not Acceptable) 1155-S-SEMORAN BLVD, #1120 WINTER PARK FL 32792 City Zip Code 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, typed or printed name of registered agent and lifte if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PVST** X Defete TITLE Change Addition TEPLITSKY, IGOR NAME NAME Teplitsky, Igor STREET ADDRESS 1155 S SEMORAN BLVD, #1120 STREET ADDRESS 1155 S.Semoran BLVD, Ste#1120 Winter Park, Fl.32792 CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP TITLE Delete DITE Change Addition NAME NAME Teplitsky, Lilian STREET ADDRESS STREET ADDRESS 1155 S.Semoran BLVD, Ste#1120 CITY-ST-ZIP CITY-ST-7IP Winter Park, Fl.32792 TITLE ☐ Delete TITL F Change_ _ Change_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP THTLE ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowed.

FILED