


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90029 025 ***158.75

DOCUMENT # P03000006122	
1. Entity Name E.H. DEVELOPMENT, INC.	

Principal Place of Business C/O CAPITAL MANAGEMENT SERVICES 777 SOUTH FLAGLER DRIVE, SUITE 800W WEST PALM BEACH, FL 33401	Mailing Address C/O CAPITAL MANAGEMENT SERVICES 777 SOUTH FLAGLER DRIVE, SUITE 800W WEST PALM BEACH, FL 33401
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2. Principal Place of Business - No P.O. Box # 1155 S. SEMORAN BLVD	3. Mailing Address 1155 S. SEMORAN BLVD
Suite, Apt. #, etc. Ste # 1120	Suite, Apt. #, etc. Ste # 1120
City & State Winter Park, Florida	City & State Winter Park, Florida
Zip 32792 Country US	Zip 3279 Country US



04152008 Chg-P CR2E034 (12/06)

4. FEI Number 06-1674663	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired - <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEPHAN, REINHARD G ESQ 1155 S SEMORAN BLVD, #1120 WINTER PARK, FL 32792	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEPLITSKY, IGOR 1155 S SEMORAN BLVD, #1120 WINTER PARK, FL 32792 <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	ST TEPLITSKY, LILIAN 1155 SOUTH SEMORAN BLVD SUITE 1120 WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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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: _____ **4-18-08 407-571-4355**
Signature and typed or printed name of signing officer or director Date Daytime Phone #