


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000008841**

1. Entity Name:  
**SOVEREIGN DEVELOPMENT GROUP VII, INC.**



Principal Place of Business      Mailing Address

**777 S FEDERAL HWY  
 FT LAUDERDALE, FL 33316**      **777 S FEDERAL HWY  
 FT LAUDERDALE, FL 33316**

**DO NOT WRITE IN THIS SPACE**



01062006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**55-0834158**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WHIDDON, GENE A JR  
 777 S FEDERAL HWY  
 FT LAUDERDALE, FL 33316**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHIDDON, GENE A JR
STREET ADDRESS	777 S FEDERAL HWY
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	D
NAME	ERSON, PAUL
STREET ADDRESS	777 S FEDERAL HWY
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 02/28/06-80078-007 150.00

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 reports 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 or changed, or on an attachment with an address, with all other (are) empowered.

SIGNATURE:       Date: **2-14-06**      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR