2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006
Secretary of State

DOCUMENT# P03000012253

Entity Name: M.D.DEVELOPERS, INC.

Current Principal Place of Business:

8359 BEACON BOULEVARD
#602
FORT MYERS, FL 33907

New Principal Place of Business:

8359 BEACON BOULEVARD
#510
FORT MYERS, FL 33907

Current Mailing Address:

8359 BEACON BOULEVARD
#602
FORT MYERS, FL 33907

New Mailing Address:

8359 BEACON BOULEVARD
510
FORT MYERS, FL 33907

FEI Number: 65-1169020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERITAGE TAX & CONSULTING SERVICES
11220 METRO PARKWAY
3
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KUCHER, MOSHE
Address: 27890 RIVERWALK WAY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD ( ) Delete
Name: KOFFLER, DANIEL
Address: 7313 ALBANY ROAD
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KUCHER, MOSHE
Address: 6848 BABCOCK STREET
City-St-Zip: FORT MYERS, FL 333912

Title: VD (X) Change ( ) Addition
Name: KOFFLER, DANIEL
Address: 6864 BABCOCK STREET
City-St-Zip: FORT MYERS, FL 33912

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.

SIGNATURE: CATHY DIEHL ASST 07/19/2006

Electronic Signature of Signing Officer or Director — Date