2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023955

Entity Name: MCCORMICK DEVELOPMENT, INC.

FILED Apr 17, 2008 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
--	-----------------------------

1732 WEST COUNTY HIGHWAY 30-A
SUITE 105
SANTA ROSA BEACH, FL 32459
330 FRANKLIN ROAD
SUITE 135A, 107
BRENTWOOD, TN 37027

Current Mailing Address: New Mailing Address:

1732 WEST COUNTY HIGHWAY 30-A
SUITE 105
SANTA ROSA BEACH, FL 32459
330 FRANKLIN ROAD
SUITE 135A, 107
BRENTWOOD, TN 37027

FEI Number: 02-0685999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MATTHEWS, DANA C MATTHEWS & HAWKINS, P.A. 4475 LEGENDARY DRIVE DESTIN, FL 32541 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: MCCORMICK, MICHAEL W Name: MCCORMICK, MICHAEL W

Address: 1732 WEST COUNTY HIGHWAY 30-A, SUITE 105 Address: 330 FRANKLIN ROAD, SUITE 135A, 107

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: BRENTWOOD, TN 37027

Name: MCCORMICK, ASHLEY D Name: MCCORMICK, ASHLEY D

Address: 1732 WEST COUNTY HIGHWAY 30-A, SUITE 105 Address: 330 FRANKLIN ROAD, SUITE 135A, 107

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: BRENTWOOD, TN 37027

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL MCCORMICK D 04/17/2008