2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043073

Entity Name: ANCORA DEVELOPMENT, CORP.

FILED Mar 30, 2005 Secretary of State

1280 WEST 4TH LANE 16203 NW 82 PL

HIALEAH, FL 33010 MIAMI LAKES, FL 33016

Current Mailing Address: New Mailing Address:

1280 WEST 4TH LANE 16203 NW 82 PL

HIALEAH, FL 33010 MIAMI LAKES, FL 33016

FEI Number: 01-0783725 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:

ACOSTA, JAIME ACOSTA, JAIME 1280 WEST 4TH LANE 16203 NW 82 PL

HIALEAH, FL 33010 US MIAMI LAKES, FL 33016 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: JAIME ACOSTA 03/30/2005

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:
 ACOSTA, JAIME
 Name:
 ACOSTA, JAIME

 Address:
 1280 WEST 4TH LANE
 Address:
 16203 NW 82 PL

 City-St-Zip:
 HIALEAH, FL 33010
 City-St-Zip:
 MIAMI LAKES, FL 33016

Title: D () Delete Title: D (X) Change () Addition

 Name:
 ACOSTA, JORGE
 Name:
 ACOSTA, IRIS

 Address:
 1280 WEST 4TH LANE
 Address:
 16203 NW 82 PL

 City-St-Zip:
 HIALEAH, FL 33010
 City-St-Zip:
 MIAMI LAKES, FL 33016

Title: D (X) Delete Title: () Change () Addition

 Name:
 ACOSTA, IRIS
 Name:

 Address:
 1280 WEST 4 LANE
 Address:

 City-St-Zip:
 HIALEAH, FL 33010
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAIME ACOSTA D 03/30/2005