1

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000050564

1. Entity Name

SANTA MARIA DEVELOPERS, INC.



Principal Place of Business

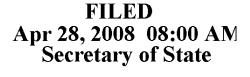
2100 TRADE CENTER WAY

SUITE D NAPLES, FL 34109 Mailing Address

2100 TRADE CENTER WAY

SUITE D

NAPLES, FL 34109





DO NOT WRITE IN THIS SPACE

01172008 No

No Chg-P

CR2E034 (11/05)

4. FEI Number 76-0731810 Applied For Not Applicable

5. Certificate of Status Desired

4/15/08

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKRIVAN, KENT A 801 LAUREL OAK DRIVE #705 NAPLES, FL 34108

SIGNATURE:

SIGNATURE AND TO

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 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 Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	U00000924174 05/16/08-80062-019 150.00
10. OFFICERS AND DIRECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	DP MUSUMANO, PATSY 2100 TRADE CENTER WAY #D NAPLES, FL 34109		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MUSUMANO, DONNA 2100 TRADE CENTER WAY #D NAPLES. FL 34109				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUSUMANO, JEFF 2100 TRADE CENTER WAY STE D NAPLES, FL 34109				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUSUMANO, GREG 2100 TRADE CENTER WAY STE D NAPLES. FL 34109				
NAME STREET ADDRESS CITY-ST-ZIP	DV RADCLIFFE, PAUL 2100 TRADE CENTER WAY STE D NAPLES, FL 34109				
IITLE NAME SIREEI ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filting 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 take 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 comporation 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.					