


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000050564 1. Entity Name SANTA MARIA DEVELOPERS, INC.	
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Principal Place of Business 2100 TRADE CENTER WAY SUITE D NAPLES, FL 34109	Mailing Address 2100 TRADE CENTER WAY SUITE D NAPLES, FL 34109
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01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0731810	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SKRIVAN, KENT A 801 LAUREL OAK DRIVE #705 NAPLES, FL 34108	DO NOT WRITE IN THIS SPACE
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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 Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**U00000924174
05/16/08-80062-019 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MUSUMANO, PATSY 2100 TRADE CENTER WAY #D NAPLES, FL 34109
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RADCLIFFE, PAUL 2100 TRADE CENTER WAY STE D NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 report 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ **4/15/08** **825-6937**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**PATSY MUSUMANO
PRES**