## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000067652

Title:

Name:

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WELCH, KEITH

(X) Delete

FILED Mar 31, 2005 Secretary of State

Entity Nar	me: MIDGAF	RD DEVELOPMENT INC.				
Current Principal Place of Business:			New Principal F	New Principal Place of Business:		
1001 ALPL OVIEDO, F						
Current Mailing Address:			New Mailing Ad	New Mailing Address:		
P.O. BOX 621995 OVIEDO, FL 32765				215 KELSEY LYNN LANE HUNTSVILLE, AL 35806		
FEI Number:	: 37-1469259	FEI Number Applied For()	FEI Number Not Applicable	( ) Certificate of Status Desired ( )		
Name and	Address of	Current Registered Agent:	Name and Addr	Name and Address of New Registered Agent:		
BIRMINGH 1001 ALPU OVIEDO, F		US				
	named entity of Florida.	submits this statement for the	ourpose of changing its reg	istered office or registered agent, or both,		
SIGNATUR						
Electronic Signature of Registered Agent			ent	Date		
Election Car	npaign Financii	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zin:	P ( BIRMINGHAM P.O. BOX 621	995	Address: 215 k	(X) Change () Addition IINGHAM, JACOB (ELSEY LYNN LANE SVILLE AL 35806		

Title: () Delete Title: VΡ (X) Change ( ) Addition STRZALKO, JOSHUA Name: Name: WELCH, KEITH Address: P.O. BOX 621995 Address: 1001 ALPUG AVE City-St-Zip: OVIEDO, FL 32765 OVIEDO, FL 32765 City-St-Zip: Title: Title: (X) Delete VS () Change () Addition Name: NGUYENLL, JOHANN Name: P.O. BOX 621995 Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip:

 Address:
 P.O. BOX 621995
 Address:

 City-St-Zip:
 OVIEDO, FL 32765
 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.

Title:

Name:

SIGNATURE: JACOB P BIRMINGHAM V 03/31/2005

() Change () Addition