2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# P03000085522

Entity Name: OFFSPRING DEVELOPMENT, INC.

Current Principal Place of Business:

P. O. BOX 562647
MIAMI, FL 332562647

New Principal Place of Business:

8221 GLADES ROAD, #101
BOCA RATON, FL 33434

Current Mailing Address:

P. O. BOX 562647
MIAMI, FL 332562647

New Mailing Address:

FEI Number: 76-0737552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERFOND, LAWRENCE
8221 GLADES RD., #101
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: SCOTT, LEVINE
Address: 5651 NW 23RD AVE
City-St-Zip: BOCA RATON, FL 33496

Title: VD ( ) Delete
Name: BERFOND, LAWRENCE
Address: 8221 GLADES RD, #101
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SCOTT LEVINE P 02/17/2009

Electronic Signature of Signing Officer or Director — Date