


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90027 005 ***150.00

DOCUMENT # P03000093124	
1. Entity Name MYERS DEVELOPMENT, INC.	

Principal Place of Business 5586 BROADCAST COURT SARASOTA, FL 34240	Mailing Address 5586 BROADCAST COURT SARASOTA, FL 34240
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2. Principal Place of Business - No P.O. Box # 5308 Paylor Lane Suite, Apt. #, etc.	3. Mailing Address 5308 Paylor Lane Suite, Apt. #, etc.
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City & State Sarasota, FL	City & State Sarasota, FL
Zip 34240	Country USA
Zip 34240	Country USA



02102008 Chg-P CR2E034 (12/06)

4. FEI Number 36-4539535	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 MYERS, RALPH 5577 BROADCAST COURT SARASOTA, FL 34240	
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7. Name and Address of New Registered Agent Name Ralph Myers Street Address (P.O. Box Number is Not Acceptable) 5308 Paylor Lane City Sarasota FL Zip Code 34240	
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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 <u>Ralph Myers</u> DATE <u>2/10/08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYERS, RALPH 5586 BROADCAST COURT SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5308 Paylor Lane Sarasota, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP MYERS, CHRISTOPHER 6710 S.W. 80TH STREET, SUITE 102 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6710 SW 80 street #104 Miami, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Ralph Myers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2/10/08</u> <u>941-9079622</u> <small>Date Daytime Phone #</small>