

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90042 049 ***150.00

DOCUMENT # P03000104489

1. Entity Name
CHRISTIAN DEVELOPMENT GROUP, INC.



Principal Place of Business Mailing Address
906 BLACK KNIGHT DRIVE **906 BLACK KNIGHT DRIVE**
VALRICO, FL 33594 **VALRICO, FL 33594**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03162005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
90-0114569 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VOITENKO, DENIS
%BIZETC-INCORPORATED
750 EAST SAMPLE ROAD, SUITE 208
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent
 Name **Karen W. Christian**
 Street Address, P.O. Box Number (if Not Applicable) **906 Black Knight Dr**
 City **Valrico** FL Zip Code **33594**

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 **Karen W Christian** **Karen Chr** **3/16/05**
Registered Agent Signature (if Registered Agent is the filer) Registered Agent Signature (required and necessary) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTIAN, CLAIBORNE J III	
STREET ADDRESS	906 BLACK KNIGHT DRIVE	
CITY, ST, ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTIAN, CLAIBORNE J JR	
STREET ADDRESS	906 BLACK KNIGHT DRIVE	
CITY, ST, ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTIAN, KAREN W	
STREET ADDRESS	906 BLACK KNIGHT DRIVE	
CITY, ST, ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTIAN, MYRTLE C	
STREET ADDRESS	906 BLACK KNIGHT DRIVE	
CITY, ST, ZIP	VALRICO, FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

12. I hereby certify that the information supplied within this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary reports 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 a filer I am empowered.

SIGNATURE: **[Signature]** **3/16/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Do Not Print)