2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000001540

Address:

City-St-Zip:

2120 DOANE STREET

JACKSONVILLE, FL 32211

Entity Name: COMMERCIAL DEVELOPMENT GROUP, INC.

FILED Apr 27, 2005 Secretary of State

Littly Nai	ine. COMMINIC	RCIAL DEVEL	OFWIENT GROO	F, INC.				
Current Principal Place of Business:				New Principal Place of Business:				
	SMORE DAIR VILLE, FL 32:							
Current Mailing Address:				New Mailing Address:				
P.O. BOX JACKSON	60159 VILLE, FL 32:	236 US						
FEI Number:	: 20-0550296	FEI Number	Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desire	d ()	
Name and	Address of (Current Regi	stered Agent:	Name and	Address of	New Registered Agent:		
11224 DIN	R, JEFFREY SMORE DAIR VILLE, FL 32:							
	named entity of Florida.	submits this s	statement for the p	urpose of changing i	ts registered	office or registered agent,	or both,	
SIGNATUR	RE:							
	Electro	nic Signature	of Registered Age	ent		Date		
Election Car	npaign Financin	g Trust Fund Co	ontribution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	WHEELER, JE 11224 DINSM) Delete FFREY DRE DAIRY ROA E, FL 32218 US		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD (X BARLEY, JOHI 4239 DAVINCI JACKSONVILL	AVENUE		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	ORLANDO, PE	ERN DRIVE EAS	т	Title: Name: Address: City-St-Zip:	ORLANDO, PE 12177 LAKE F	() Change () Addition ETE EERN DRIVE EAST .E, FL 32258 US		
Title: Name:	SD (DEBERRY, KII) Delete MBERLY		Title: Name:	SD ()	Change () AdditionMBERLY		

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.

Address:

City-St-Zip:

SIGNATURE: PETE ORLANDO T 04/27/2005

16025 BAKER LANE NORTH

JACKSONVILLE, FL 32226 US