

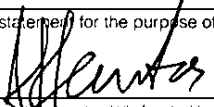
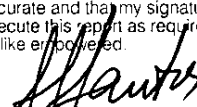


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90007 019 \*\*\*150.00

<b>DOCUMENT # P04000060258</b> 1. Entity Name <b>SANTOS DEVELOPMENT CORP</b>					
Principal Place of Business <b>31 OLDKINGS RD N, SUITE # 2 PALM COAST, FL 32137</b>			Mailing Address <b>31 OLDKINGS RD N, SUITE # 2 HOLLY HILL, FL 32137</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1515 Ridge wood Ave</b> Suite, Apt. #, etc.			
City & State <b>Holly Hill FL</b>		City & State <b>Holly Hill FL</b>		4. FEI Number <b>20-0992940</b>	
Zip <b>32117</b>		Country <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SANTOS, LUIZ C 61 REIDSVILLE DR PALM COAST, FL 32164</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 				DATE <b>7/27/06</b>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANTOS, LUIZ C 61 REIDSVILLE DR PALM COAST, FL 32164	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Luiz C. Santos 80 Ryeclyffee Dr. Palm Coast, FL 32164
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SANTOS, MARIA G 61 REIDSVILLE DR PALM COAST, FL 32164	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Maria G. Santos 80 Ryeclyffee Dr. Palm Coast, FL 32164
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<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: 				DATE <b>7/27/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					