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Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90040 044 ***550.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000070875

1. Entity Name
COTTER DEVELOPMENT, INC.

40101357

Principal Place of Business	Mailing Address
1401 EAST BROWARD BLVD. STE 300 FT. LAUDERDALE, FL 33301	1401 EAST BROWARD BLVD. STE 300 FT. LAUDERDALE, FL 33301

07262006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
2400 E LAS OLAS Blvd		2400 E LAS OLAS Blvd	
Suite, Apt. #, etc. H 425		Suite, Apt. #, etc. H 425	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33301	Country Broward	Zip 333001	Country Broward

4. FEI Number 20-1134723 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DYAL, J. PATRICK 1401 EAST BROWARD BLVD. STE 300 FT. LAUDERDALE, FL 33301	Name: Christopher Frederick Street Address (P.O. Box Number is Not Acceptable): 2400 E LAS OLAS Blvd H 425 City: Ft. Lauderdale, FL Zip Code 33301

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: ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $550.00
Due by September 8, 2006

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FREDERICK, CHRISTOPHER 169 FIESTA WAY FORT LAUDERDALE, FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #