## 2006 FOR PROFIT CORPORATION

## May 01, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000081486 05-01-2006 90485 038 \*\*\*150.00 1. Entity Name DEVELOPING LANDS CONSTRUCTION, INC 50018019 Principal Place of Business Mailing Address 23038 SANDALFOOT PLAZA DRIVE 23038 SANDALFOOT PLAZA DRIVE BOCA RATON, FL 33428 BOCA RATON, FL 33428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04262006 Chg-P City & State 4. FEI Number Applied For City & State 20-1158208 Not Applicable Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARLINI, NATASHA Street Address (P.O. Box Number is Not Acceptable) 23038 SANDAL FOOT PLAZA 22672 PICKEREL CIRCLE BOCA RATON, FL 33428 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Delete ☐ Addition **PVST** TITLE Change TITLE GARLINI, NATASHA NAME NAME STREET ADDRESS 22672 PICKEREL CIRCLE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE GARLINI, NATASHA NAME NAME 22672 PICKEREL CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33428 ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

Change

Addition

FILED