2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT. Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P04000087327 1. Entity Name MANATEE LANE DEVELOPMENT, INC. Principal Place of Business Mailing Address 3201 N. ATLANTIC AVENUE 3201 N. ATLANTIC AVENUE COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 04212006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1634278 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KABBOORD, JOHN J JR DO NOT WRITE 1980 N. ATLANTIC AVENUE **SUITE 801** IN THIS SPACE COCOA BEACH, FL 32931 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 game of registered agent and fille if applicable. (NOTE: Registered Agen) signature required when reinstation) DATE 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 10. OFFICERS AND DIRECTORS TITLE KABBOORD, MARK D NAME STREET ADDRESS 3201 N. ATLANTIC AVENUE CITY-ST-ZIP COCOA BEACH, FL 32931 U00000538959 05/09/05-80080-020 150.00 ST TITLE KABBOORD, MARK D NAME STREET ADDRESS 3201 N. ATLANTIC AVENUE CITY-ST-ZIP COCOA BEACH, FL 32931 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 agreequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowere changed, or on an attachment with an address, with a

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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP YM F NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPE

Date

IN THIS SPACE

Daytime Phone #