2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 23, 2009
Secretary of State

DOCUMENT# P04000098082

Entity Name: LUNA DEVELOPMENT CORP.

Current Principal Place of Business:

982 NW 89TH AVE
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

982 NW 89TH AVE
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 01-0816851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONN, MICAH M MICAH C
982 NW 89 AVE
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CONN, MICAH J MR.
Address: 982 NW 89 AVE
City-St-Zip: PLANTATION, FL 33324

Title: VP (X) Delete
Name: MEDINA, DAVID M MR.
Address: 1050 S. FEDERAL HWY. SUITE 143
City-St-Zip: DELRAY BEACH, FL 33483

Title: S ( ) Delete
Name: CONN, DANIELA M MRS.
Address: 1050 S. FEDERAL HWY, SUITE 143
City-St-Zip: DELRAY BEACH, FL 33483

Title: T ( ) Delete
Name: MEDINA, MAYA M MRS.
Address: 1050 S. FEDERAL HWY, SUITE 143
City-St-Zip: DELRAY BEACH, FL 33483

Title: P ( ) Delete
Name: CONN, MICAH
Address: 982 NW 89TH AVE
City-St-Zip: PLANTATION, FL 33324

Title: P ( ) Delete
Name: CONN, MICAH
Address: 982 NW 89TH AVE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: MEDINA, MAYA M MRS.
Address: 1925 NW 15TH STREET
City-St-Zip: POMPANO BEACH, FL 33069

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MICAH CONN P 11/23/2009

Electronic Signature of Signing Officer or Director — Date