

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 MAR 30 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS



03272006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000137346					
1. Entity Name FLORIDA INVESTMENT & DEVELOPMENT CORPORATION					
Principal Place of Business 1520 CREST DR. ENGLEWOOD, FL 34223			Mailing Address 1520 CREST DR. ENGLEWOOD, FL 34223		
2. Principal Place of Business 330 ORTIZ BLVD		3. Mailing Address 416 GRAND PALMS BLVD			
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —			
City & State NORTH PORT FL		City & State ENGLEWOOD		4. FEI Number 20-4241829	
Zip 34287		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORMOTKO, SERGEY 1520 CREST DR. ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 416 GRAND PALMS BLVD City ENGLEWOOD FL Zip Code 34223			
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) <i>Mar 27/06.</i>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BORMOTKO, SERGEY STREET ADDRESS 1520 CREST DR. CITY-ST-ZIP ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS 416 GRAND PALMS BLVD CITY-ST-ZIP ENGLEWOOD, FL 34223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS 000070477070 CITY-ST-ZIP 04/14/06--01074--001 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>[Signature]</i> <i>Mar 27/06.</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					