


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90053 045 ***150.00

DOCUMENT # P04000171592	
1. Entity Name NIMBY DEVELOPMENT GROUP, INC.	

Principal Place of Business 1378 E. LAKESHORE BOULEVARD KISSIMMEE, FL 34744	Mailing Address POST OFFICE BOX 701323 ST. CLOUD, FL 34770
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40050000

2. Principal Place of Business - No P.O. Box # 1100 North Main St	3. Mailing Address PO BOX 701323
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc.
City & State Kissimmee, FL	City & State ST CLOUD, FL
Zip 34744	Country US



03062007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2090435	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DELVALLE, W BRUCE ESQUIRE 1122 NORTH MAIN STREET SUITE A KISSIMMEE, FL 34744	7. Name and Address of New Registered Agent Name HOWSE, Ronald S. Street Address (P.O. Box Number is Not Acceptable) 1100 North Main St Suite A City Kissimmee FL Zip Code 34744
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D HOWSE, RONALD S POST OFFICE BOX 701323 ST. CLOUD, FL 34770 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President HOWSE, Ronald S. PO BOX 701323 ST CLOUD, FL 34770 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **4.20.07** **407.709.8002**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #