


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90223 001 ***100.00
04-28-2006 90223 002 ****55.00

DOCUMENT # P05000007696	
1. Entity Name LAWDEV, INC.	

Principal Place of Business 1815 SOUTH SUMMERLIN AVE ORLANDO, FL 32806	Mailing Address 1815 SOUTH SUMMERLIN AVE ORLANDO, FL 32806
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04262006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2175059		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		7. Name and Address of New Registered Agent	
LAWRIE, PETER S 1815 SOUTH SUMMERLIN AVE ORLANDO, FL 32806		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DPS LAWRIE, PETER S 1815 SOUTH SUMMERLIN AVE ORLANDO, FL 32806 <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:  **4/26/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Peter S. Lawrie, President

ATTACHMENT

Fort Lauderdale
Jacksonville
Miami
New York
Orlando
Tallahassee
Tampa
Washington, DC
West Palm Beach

66012725
#P0588DC07696

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martha.hartley@akerman.com

April 27, 2006

Florida Department of State
Attn: Annual Reports (2006)
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: Annual Report for Lawdev, Inc.

Dear Ladies or Gentlemen:

Enclosed please find the 2006 Annual Report for Lawdev, Inc., along with a check for \$155.00, representing the filing fee and the fee for a Certificate of Status.

Please send the Certificate of Status to the address on the Annual Report.

Very truly yours,

Martha Hartley

Martha Anderson Hartley

(by jdy)

Enclosures