

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021061

Entity Name: FGB DEVELOPMENT, INC.

FILED
Mar 04, 2009
Secretary of State

Current Principal Place of Business:

2 SOUTH BISCAYNE BLVD. SUITE 3400
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

2 SOUTH BISCAYNE BLVD. SUITE 3400
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-2310247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC
2 SOUTH BISCAYNE BLVD. SUITE 3400
ONE BISCAYNE TOWER
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOYD, WILLIAM S
Address: 3883 HOWARD HUGHES PKWY 9TH FLOOR
City-St-Zip: LAS VEGAS, NV 89109

Title: DP () Delete
Name: SMITH, KEITH E
Address: 3883 HOWARD HUGHES PKWY 9TH FLOOR
City-St-Zip: LAS VEGAS, NV 89169

Title: TVP () Delete
Name: CHAKMAK, PAUL J
Address: 3883 HOWARD HUGHES PKWY 9TH FLOOR
City-St-Zip: LAS VEGAS, NV 89109

Title: SVPS () Delete
Name: LARSON, BRIAN A
Address: 3883 HOWARD HUGHES PKWY 9TH FLOOR
City-St-Zip: LAS VEGAS, NV 89109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOYD, WILLIAM S
Address: 3883 HOWARD HUGHES PKWY 9TH FLOOR
City-St-Zip: LAS VEGAS, NV 89169

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

Title: TVP (X) Change () Addition
Name: CHAKMAK, PAUL J
Address: 3883 HOWARD HUGHES PKWY 9TH FLOOR
City-St-Zip: LAS VEGAS, NV 89169

Title: SVPS (X) Change () Addition
Name: LARSON, BRIAN A
Address: 3883 HOWARD HUGHES PKWY 9TH FLOOR
City-St-Zip: LAS VEGAS, NV 89169

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: BRIAN A LARSON

SVPS

03/04/2009

Electronic Signature of Signing Officer or Director

Date