

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032235

FILED
Mar 09, 2006
Secretary of State

Entity Name: FRANCHISE DEVELOPMENT, INC

Current Principal Place of Business:

1844 N. NOB HILL ROAD
#460
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1844 N. NOB HILL ROAD
#460
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 03-0556366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULLEN, DOROTHY
1844 N NO HILL ROAD
#460
PLANTATION, FL 33322 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,P () Delete
Name: CULLEN, DOROTHY
Address: 1844 N NOB HILL ROAD #460
City-St-Zip: PLANTATION, FL 33322

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CULLEN, DOROTHY
Address: 1844 N NOB HILL ROAD #460
City-St-Zip: PLANTATION, FL 33322

Title: D () Change (X) Addition
Name: CECCHI, KELLY
Address: 239 GOOLSBY BLVD
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: P () Change (X) Addition
Name: CECCHI, KELLY
Address: 239 GOOLSBY BLVD
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: S () Change (X) Addition
Name: CECCHI, KELLY
Address: 239 GOOLSBY BLVD
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: T () Change (X) Addition
Name: CECCHI, KELLY
Address: 239 GOOLSBY BLVD
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the 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: DOROTHY CULLEN

VP

03/09/2006

Electronic Signature of Signing Officer or Director

Date