


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90027 013 ***550.00

DOCUMENT # P05000046048

1. Entity Name
COMFORT HOMES DEVELOPMENT, INC.



Principal Place of Business 16711 COLLINS AVE. 505 SUNNY ISLES BEACH, FL 33160	Mailing Address 16711 COLLINS AVE. 505 SUNNY ISLES BEACH, FL 33160
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50025838



2. Principal Place of Business 16711 COLLINS AVE.	3. Mailing Address 16711 COLLINS AVE.
Suite, Apt. #, etc. #1903	Suite, Apt. #, etc. #1903

08142006 Chg-P CR2E034 (11/05)

City & State SUNNY ISLES BEACH FL.	City & State SUNNY ISLES BEACH FL.	4. FEI Number 16-1720363	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33160	Country	Zip 33160	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHAKHOV, ILYA 16711 COLLINS AVE 505 SUNNY ISLES BEACH, FL 33160	7. Name and Address of New Registered Agent Name SHAKHOV ILYA Street Address (P.O. Box Number is Not Acceptable) 16711 COLLINS AVE. #1903 City SUNNY ISLES BEACH FL Zip Code 33160
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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: *[Signature]* **8-14-06**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	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 P <input type="checkbox"/> Delete	NAME SHAKHOV, ILYA	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SHAKHOV, ILYA
STREET ADDRESS 16711 COLLINS AVE. # 505	CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	STREET ADDRESS 16711 COLLINS AVE. # 1903	CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160
TITLE VP <input type="checkbox"/> Delete	NAME SHAKHOV, ZHANNA	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SHAKHOV, ZHANNA
STREET ADDRESS 16711 COLLINS AVE. # 505	CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	STREET ADDRESS 16711 COLLINS AVE. # 1903	CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	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: *[Signature]* **8-14-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #