2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000060711



FILED Mar 07, 2007 8:00 am Secretary of State

1. Entity Nam	ELOPMENT VENTURES I			03-07-2007 90002 047 ***150.00
Principal Plac	e of Business	Mailing Address		
SUITE 414	BEACH LAKES BLVD BEACH, FL 33401	1555 PALM BEACH LAP SUITE 414 WEST PALM BEACH, FL		ά θου ο κι ο
17251171211				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03022007 Chg-P CR2E034 (12/06)
City & State	Ө	City & State		4. FEI Number Applied For 20-2737206 Not Applied
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
FALK, MIC	THAT!		Name	
	LPALM WAX 1555 17	fum BEACH LATES PALM BEACH, FC 3	BLUD Street Ad	dress (P.O. Box Number is Not Acceptable)
PALM BE	NCH, FL 33480 - W/55+6	PALM BRUTH FL 3	3401	
	0 - 6/1	Many District 1 a v	City	FL Zip Code
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or I	registered agent, or both, in the State of Florida. I am familiar with, and acce
the obligat	tions of registered agent.		-	
SIGNATURE_				
	Signature, typed or printed name of registered agent	and trie if applicable. (NOTE	. Registered Agent signatur	e required when reinstating) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai Trust Fund Conti		\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	P FALK, MICHAEL	☐ Delete	TITLE NAME	☐ Change ☐ Addit
STREET ADDRESS	1555 PALM BEACH LAKES BLV	D#414	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	
TITLE	VP	Defete	TITLE	☐ Change ☐ Addit
NAME STREET ADDRESS	WEPRIN, SCOTT 1555 PALM BEACH LAKES BLV		NAME	
CITY-ST-ZIP		1)#414	STREET ANNOESS	_ county
TITLE	WEST PALM BEACH, FL 33401		STREET ADDRESS CITY-ST-ZIP	_ sound
	WEST PALM BEACH, FL 33401 VP			_ Change
NAME	VP WEPRIN, WILLIAM	☐ Delete	CITY-ST-ZIP FITLE NAME	
STREET ADDRESS	VP WEPRIN, WILLIAM 1555 PALM BEACH LAKES BLV	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	
	VP WEPRIN, WILLIAM	☐ Delete	CITY-ST-ZIP FITLE NAME	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR