2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2007 08:00 AM **DOCUMENT # P05000068416 Secretary of State** ANNE STOMA DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 480 N BAFBARARONT P.Q BOX640532 LEDANTO PL 34461 LECANTO, FL. 34461 01302007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2843655 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERTOCH, CARL A DO NOT WRITE 7655 WEST GULF TO LAKE HIGHWAY SUITE #13 IN THIS SPACE CRYSTAL RIVER, FL 34429 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. 4000006487**1,**G Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE NAME STOMA, ANNE G P.O. BOX 640532 STREET ADDRESS CITY-ST-ZIP LECANTO, FL 34461 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

anne & Stonia

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP