

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103476

Entity Name: AMAZONE DEVELOPMENT, INC.

FILED  
Jan 29, 2006  
Secretary of State

## Current Principal Place of Business:

PO BOX 7834  
SEMINOLE, FL 33775

## New Principal Place of Business:

PO BOX 4310  
CLEARWATER, FL 33758

## Current Mailing Address:

PO BOX 7834  
SEMINOLE, FL 33775

## New Mailing Address:

PO BOX 4310  
CLEARWATER, FL 33758

FEI Number: 58-2482722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALLOWAY, CATHERINE  
11312 116ST STREET N  
LARGO, FL FL33778 US

## Name and Address of New Registered Agent:

GALLOWAY, CATHERINE  
1835 NURSERY ROAD  
CLEAWATER, FL FL33764 US

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: CATHERINE GALLOWAY

01/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GALLOWAY, CATHERINE  
Address: 11312 116ST STREET N  
City-St-Zip: LARGO, FL 33778

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GALLOWAY, CATHERINE  
Address: 1835 NURSERY ROAD  
City-St-Zip: CLEARWATER, FL 33764

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: CATHERINE GALLOWAY

P

01/29/2006

Electronic Signature of Signing Officer or Director

Date