2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132453

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LAKE PLACID, FL 33852

184 HUNTLEY OAKS BLVD

Address:

City-St-Zip:

FILED Apr 20, 2007 Secretary of State

Entity Nai	me: BLACK &	ROGERS DEVELOPMENT, I	INC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	IACLE DRIVE D, FL 33813					
Current Mailing Address:			New Maili	New Mailing Address:		
	IACLE DRIVE D, FL 33813					
FEI Number	: 20-3538662	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of	f New Registered Agent:	
1860 PINN	ORMAN L JR IACLE DRIVE D, FL 33813	US				
	named entity : e of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () BLACK, NORM 1860 PINNACL LAKELAND, FL	E DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D2VP () BLACK, JENNY 1860 PINNACL LAKELAND, FL	E DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DST () ROGERS, JASI 184 HUNTLEY LAKE PLACID,	OAKS BLVD	Title: Name: Address: City-St-Zip:	ROGERS, JA P.O. BOX 28		
Title: Name:	D1VP () ROGERS, AME) Delete BERLEE G	Title: Name:	D1VP ROGERS, AI	(X) Change()Addition MBERLEE G	

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.

Address:

City-St-Zip:

P.O. BOX 2800

LAKE PLACID, FL 33852

SIGNATURE: NORMAN L BLACK JR DP 04/20/2007