2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148787

City-St-Zip:

SAFETY HARBOR, FL 34695

FILED Apr 15, 2008 Secretary of State

Entity Name: CAPITAL DEVELOPMENT ENTERPRISES, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6108 WEST	T LINEBAUG . 33625	H AVE			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2362 MESSENGER CIRCLE SAFETY HARBOR, FL 34695			6108 WEST LINEBAU TAMPA, FL 33625	6108 WEST LINEBAUGH AVE TAMPA, FL 33625	
FEI Number:	20-5226152	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
JEESEKA MORALES, COMPTROLLER 2224 MEADOWBROOK DRIVE LUTZ, FL 33558 US			2362 MESSENGER CI	SANTANA, ALBEN J VP 2362 MESSENGER CIRCLE SAFETY HARBOR, FL 34695 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: ALBEN J. SANTANA				04/15/2008	
Electronic Signature of Registered Agent			nt	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FREYRE, JAS	INEBAUGH AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FREYRE, RO	INEBAUGH AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SANTANA, ALI) Delete BEN J NGER CIRCLE	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: ALBEN J SANTANA **VPD** 04/15/2008