

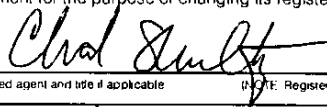
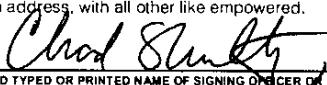


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90053 033 \*\*\*150.00

DOCUMENT # P06000019551					
1. Entity Name <b>SHULTZ DEVELOPMENT, INC.</b>					
Principal Place of Business <b>15170 REEF DRIVE JACKSONVILLE, FL 32226 US</b>			Mailing Address <b>15170 REEF DRIVE JACKSONVILLE, FL 32226 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6507 West Beaver St.</b>		3. Mailing Address <b>6507 West Beaver St.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092007 Chg-P CR2E034 (12/06)	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>		4. FEI Number <b>20-4287761</b>	
Zip <b>32254</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHULTZ, CHAD A 15170 REEF DRIVE JACKSONVILLE, FL 32226</b>			7. Name and Address of New Registered Agent Name <b>Chad Shultz</b> Street Address (P.O. Box Number is Not Acceptable) <b>6507 West Beaver Street</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32254</b>		
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:  <b>Chad Shultz</b> <b>1/9/2007</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PST SHULTZ, CHAD</b> <input type="checkbox"/> Delete <b>15170 REEF DRIVE JACKSONVILLE, FL 32226</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Chad Shultz</b> <b>6507 West Beaver Street</b> <b>Jacksonville, FL 32254</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>SHULTZ, STEFANIE</b> <b>15170 REEF DRIVE JACKSONVILLE, FL 32226</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete  		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Larry Brantley</b> <b>6507 West Beaver Street</b> <b>Jacksonville, FL 32254</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete  		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete  		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete  		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
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:  <b>Chad Shultz</b> <b>1/9/07 904-773-</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>1/9/07</b> Daytime Phone # <b>3322</b>					