2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P06000076180 02-22-2007 90015 034 ***150.00 DEVÉLOPMENTAL SERVICES, INC. Principal Place of Business Mailing Address 40022991 1095 W. MORSE BLVD. 1095 W. MORSE BLVD. WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02142007 CB2E034 (12/06) Cha-P Applied For City & State City & State 4 FEI Number 20-4976809 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kenneth H. Schultz NEUKAMM, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 1095 W. Morse Blvd. 301 E. PINE STREET **SUITE 1400** ORLANDO, FL 32801 Winter Park 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. 2/15/87 Signature, typed or printed name of registered agent and title if ap (NOTE Registered Agent signature required when reinstating) cable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change **X** Addition TITLE DST NAME NAME Kenneth H. Schultz STREET ADDRESS STREET ADDRESS 1095 W. Morse Boulevard CITY-ST-ZIP CITY - ST - ZIP Winter Park, FL 32789 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME Terry W. Bangs STREET ADDRESS STREET ADDRESS 1095 W. Morse Boulevard CITY-ST-ZIP CITY-ST-ZIP Winter Park, FL 32789 TITLE TILE ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 reports 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.

Kenneth Schultz

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 22, 2007 8:00 am

02/14/07

(407) 645-3211 x135

Daytime Phone #