FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90037 016 ***150.00

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01252008 Chg-P CR2E034 (12/06)

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000040325

1. Entity Name
SIENNA DEVELOPMENT GROUP, INC.

Principal Place of Business	Mailing Address
1419 W WATERS AVE SUITE 116 TAMPA, FL 33604	~~328 W BEARSS AVE~~ ~~TAMPA, FL 33613~~

2. Principal Place of Business No P.O. Box #		3. Mailing Address	
		c/o Temple H. Drummond, Esq.	
Suite, Apt. #, etc		Suite, Apt #, etc 6987 East Fowler Avenue	
City & State		City & State Tampa, Florida	
Zip	Country	Zip 33617	Country USA

4. FEI Number 20-8756934 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DRUMMOND, TEMPLE H ~~328 W BEARSS AVE~~ ~~TAMPA, FL 33613~~	Name Temple H. Drummond, Esq. Street Address (P.O. Box Number is Not Acceptable) Drummond Wehle & Ross LLP 6987 East Fowler Avenue City Tampa FL Zip Code 33617

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 Temple H. Drummond, Temple H. Drummond, Esq. 2/25/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YORK, JAMES M 1419 W WATERS AVE SUITE 116 TAMPA, FL 33604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #