

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000067971

FILED
Sep 03, 2008
Secretary of State

Entity Name: SLEM DEVELOPMENT, CORP.

Current Principal Place of Business:

108 VISION STREET
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

108 VISION STREET
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HIDDEN TREASURES TAX AND CREDIT, CORP.
4121 NW 5TH STREET SUITE 218
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BROWN, VEGAIL
Address: 232 HUMPHREY AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: P () Delete
Name: HAWTHORNE, SPENCER
Address: 820 HICKORY GLEN DR
City-St-Zip: SEFFNER, FL 33584

Title: V () Delete
Name: OILS, LINDA
Address: PO BOX 214
City-St-Zip: SEBRING, FL 33871

Title: V () Delete
Name: IRVIN, SOPHIA
Address: 3829 COLORADO DR
City-St-Zip: HOPE MILLS, NC 28348

Title: T () Delete
Name: HAWTHORNE, MELVIN JR
Address: 5613 NW SCEPTER RD
City-St-Zip: PORT ST LUCIE, FL 34983

Title: S () Delete
Name: HOLDEN, AISHA
Address: 234 BONNIE RD
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HAWTHORNE, MELVIN JR
Address: 5613 NW SCEPTER DR
City-St-Zip: PORT ST LUCIE, FL 34983

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MELVIN HAWTHORNE JR

T

09/03/2008

Electronic Signature of Signing Officer or Director

Date