

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085165

FILED
Apr 30, 2008
Secretary of State

Entity Name: ECUADOR DEVELOPMENT GROUP, INC.

Current Principal Place of Business:

12000 NORTH DALE MABRY HIGHWAY, SUITE 110
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25324
FARMINGTON, NY 14425 US

New Mailing Address:

FEI Number: 26-1097981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW OFFICES OF NICK SPRADLIN, PLLC
4001 WEST HENRY AVENUE
SUITE 306
TAMPA, FL 33614 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: MURPHY, JASON M
Address: P.O. BOX 25324
City-St-Zip: FARMINGTON, NY 14425 US

Title: D () Delete
Name: MCFARLIN, LINDA D
Address: P.O. BOX 25324
City-St-Zip: FARMINGTON, NY 14425 US

Title: D, S () Delete
Name: PEREZ, MARTHA E
Address: P.O. BOX 25324
City-St-Zip: FARMINGTON, NY 14425 US

Title: D, T () Delete
Name: PHILLIPS, GARY L
Address: P.O. BOX 25324
City-St-Zip: FARMINGTON, NY 14425 US

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:

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: JASON MURPHY

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date