# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2012**
**Secretary of State**

DOCUMENT# P10000008274

**Entity Name:** M.D. STEWART DEVELOPMENT GROUP, INC.

**Current Principal Place of Business:**

545 NORTH ANDREWS AVENUE
SUITE 208
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

545 NORTH ANDREWS AVENUE
SUITE 202
FT. LAUDERDALE, FL 33301

**Current Mailing Address:**

545 NORTH ANDREWS AVENUE
SUITE 208
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

545 NORTH ANDREWS AVENUE
SUITE 202
FT. LAUDERDALE, FL 33301

**FEI Number: 27-1749708** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURT-STEWART, MIYA
1830 RADIUS DR.
UNIT 308
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

BURT-STEWART, DR. MIYA
1830 RADIUS DR.
UNIT 308
HOLLYWOOD, FL 33020 US

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: DR. MIYA BURT-STEWART 04/23/2012
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PRES
Name: BURT-STEWART, DR. MIYA
Address: 545 NORTH ANDREWS AVENUE, STE 208
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VP
Name: BURT-STEWART, DR. MIYA
Address: 545 NORTH ANDREWS AVENUE, STE 208
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: SEC
Name: BURT-STEWART, DR. MIYA
Address: 545 NORTH ANDREWS AVENUE, STE 20
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: TREA
Name: BURT-STEWART, DR. MIYA
Address: 545 NORTH ANDREWS AVENUE, STE 208
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: CHMN
Name: BURT-STEWART, DR. MIYA
Address: 545 NORTH ANDREWS AVENUE, STE 208
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

SIGNATURE: DR. MIYA BURT-STEWART PRES 04/23/2012
Electronic Signature of Signing Officer or Director Date