


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P10086 1. Entity Name AVALON DEVELOPMENT COMPANY OF DELAWARE, INC. |  |
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| Principal Place of Business 13001 FOUNDERS SQUARE DRIVE ORLANDO, FL 32828 | Mailing Address 13001 FOUNDERS SQUARE DRIVE ORLANDO, FL 32828 |
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04292004 No Chg-P CR2E034 (10/03)

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|----------------------------------|--|
| 4. FEI Number 59-2674292 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KAHLI, BEAT M
13001 FOUNDERS SQUARE DRIVE
ORLANDO, FL 32828

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PDS KAHLI, BEAT 13001 FOUNDERS SQUARE DRIVE ORLANDO, FL 32828 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D IMSENG, RAOUL DUFOURSTRASSE 29, CH-8008 ZURICH, SWITZERLAND, |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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 15/03/04-80034-003 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 4/25/04 Daytime Phone # _____