

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24013

FILED
Apr 29, 2007
Secretary of State

Entity Name: PFAFF DEVELOPMENT COMPANY

Current Principal Place of Business:

2514 S. SCARLET OAK CT
SARASOTA, FL 34232 US

New Principal Place of Business:

1274 WESTERN PINE CIRCLE
SARASOTA, FL 34240 US

Current Mailing Address:

2514 S. SCARLET OAK CT
SARASOTA, FL 34232 US

New Mailing Address:

1274 WESTERN PINE CIRCLE
SARASOTA, FL 34240 US

FEI Number: 36-3049164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFAFF, THOMAS A.
2514 S. SCARLET OAK CT
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

PFAFF, THOMAS A DR.
1274 WESTERN PINE CIRCLE
SARASOTA, FL 34240 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. THOMAS A. PFAFF

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: PFAFF, THOMAS A DR
Address: 2514 S. SCARLET OAK CT
City-St-Zip: SARASOTA, FL 34232

Title: VSD () Delete
Name: OWEN-PFAFF, NICOLETTE A MRS
Address: 2514 S. SCARLET OAK CT
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: PFAFF, THOMAS A DR
Address: 1274 WESTERN PINE CIRCLE
City-St-Zip: SARASOTA, FL 34240

Title: VSD (X) Change () Addition
Name: OWEN-PFAFF, NICOLETTE A MRS
Address: 1274 WESTERN PINE CIRCLE
City-St-Zip: SARASOTA, FL 34240

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: THOMAS A. PFAFF

DR.

04/29/2007

Electronic Signature of Signing Officer or Director

Date