2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29483

Entity Name: FISHER DEVELOPMENT, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
STE. 152	SHORE BLVD				
SANTRAN	NCISCO, CA !	94124			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
STE. 152	SHORE BLVD NCISCO, CA !				
FEI Number:	94-1747467	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of 0	Current Registered Agent:	Name and Address	of New Registered Agent:	
		DRIVE - SUITE 4 US			
	named entity of Florida.	submits this statement for the pu	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
		nic Signature of Registered Age	nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (FISHER, ROBI 888 FRANCISO SAN FRANCIS	O ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (FISHER, ANN (888 FRANCISC SAN FRANCISC	O ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (FISHER, SYDN 74 BEAVER ST SAN FRANCIS	-	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS/C (MORESCO, RO 1675 TOLEDO PACIFICA, CA	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TCFO (KREUSER, DE 4134 DUMSIN OAKLAND, CA	/IA AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ROBERT MORESCO AS 04/29/2009