_2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 27, 2006 08:00 AN DOCUMENT # P92000000721 Secretary of State 1. Entity Name STAPLETON DEVELOPMENT, INC. Mailing Address Principal Place of Business 1110 PINELLAS BAYWAY 1110 PINELLAS BAYWAY SUTIE 200 SUITE 200 TIERRA VERDE FL 33715 TIERRA VERDE FL 33715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3150583 Not Applicat Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STAPLETON, WILLIAM H III Street Address (P.O. Box Number is Not Acceptable) 1110 PINELLAS BAYWAY SUITE 200 TIERRA VERDE FL 33715 Zip Code City 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 access the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature reatined when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May 8: 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change Addition TITLE PTSD T Coloio TITLE NAME NAME STAPLETON, WILLIAM H III STREET ADDRESS U00000539436 STREET ADDRESS 110 PINELLAS BAYWAY, SUITE 200 CITY-ST-ZIP 05/09/06-80099-017 150.00 CITY-ST-ZIP TIERRA VERDE FL ☐ Delete Adiama DE F TITLE tsam: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-70 ☐ Delete ☐ Change Adda... ULLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Change Adolina TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

RTED NAME OF SIGNING OFFICER

SIGNATURE: