2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000008343

FILED Sep 19, 2007 Secretary of State

Entity Name: THE FRANCHISE DEVELOPMENT TEAM, INC. **Current Principal Place of Business: New Principal Place of Business:** 3000 NE 30 PL STE 207 FT LAUDERDALE, FL 33306 US **Current Mailing Address: New Mailing Address:** 325 BIC DRIVE MILFORD, CT 06460 FEI Number: 06-1363184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DELUCA, FREDERICK DELUCA, FREDERICK Name: Name: 3000 NE 30TH PL SUITE 207 3000 NE 30TH PL SUITE 207 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33306 City-St-Zip: FT. LAUDERDALE, FL 33306 Title: Title: **VPSD** () Delete (X) Change () Addition Name: BUCK, PETER Name: BUCK PETER 325 BIC DRIVE 325 BIC DRIVE Address: Address: MILFORD, CT 06460 MILFORD, CT 06460 City-St-Zip: City-St-Zip: Title: VP.S Title: (X) Delete () Change () Addition SHINN, MILDRED K Name: Name: 325 BIC DRIVE Address: Address: City-St-Zip: MILFORD, CT 06461 City-St-Zip: Title: (X) Delete Title: () Change () Addition DELUCA, CARMELA Name: Name: Address: 325 BIC DRIVE Address: City-St-Zip: MILFORD, CT 06461 City-St-Zip:

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.

Ρ SIGNATURE: FREDERICK DELUCA 09/19/2007