2004 FOR PROFIT CORPORATION ANNUAL REPORT					FILED Apr 29, 2004 08:00 AM Secretary of State		
DOCUMENT # P93000060016 1. Entity Name REDDICK DEVELOPMENT GROUP, INC.					Secretary	of State	
Principal Place 651 THIRD S NAPLES, FI	TREET SOUTH	Mailing Address PO BOX 960 NAPLES, FL 34106-0960					
D	O NOT WRITE	E IN THIS SPA	CE	04232004 4. FEI Number 65-04320 5. Certificate of S	No Chg-P CR2	2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOVATT, JEFF M CHEFFY PASSIDOMO WILSON 7 JOHNSON LLP 821 FIFTH AVE SOUTH STE 201 NAPLES, FL 34102			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 Signature lyped or printed name of registered agent and life it applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 B. Election Campaign Financing Trust Fund Contribution. State of Florida. I am familiar with, and accept in the obligations of registered agent. SIGNATURE Signature lyped or printed name of registered agent and life it applicable. NOTE. Registered Agent signature required when reinstating) DATE DATE							
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DPST REDDICK, WILLIAM R JR PO BOX 960 NAPLES, FL 34106 VP	D DIRECTORS		I	U000001402 04729704-9019		
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	REDDICK, PAIGE A PO BOX 960 NAPLES, FL 341060960						
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					HIS SPAC		
TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE			j				
	11 500	h this filing does not qualify for the exc is true and accurate and that my signa sowered to execute this reput with all other like empowered				certify that the information I am an officer or director rs in Block 10 or Block 11 if 39-825-1810	
SIGNATURE SIGNATURE AND TYPED OFFICIANTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date							

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