

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000079847

FILED  
Feb 03, 2006  
Secretary of State

Entity Name: OLEN DEVELOPMENT CORP.

**Current Principal Place of Business:**

1062 CORAL RIDGE DR,  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

7 CORPORATE PLAZA  
NEWPORT BEACH, CA 92660

**New Mailing Address:**

FEI Number: 65-0468304      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLENICOFF, IGOR M  
1062 CORAL RIDGE DR  
CORAL SPRING, FL 33071      US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: OLENICOFF, IGOR M  
Address: 1062 CORAL SPRING DR  
City-St-Zip: CORAL SPRING, FL 33071

Title: VTD ( ) Delete  
Name: OLENICOFF, ANDREI  
Address: 1062 CORAL RIDGE DR  
City-St-Zip: CORAL SPRING, FL 33071

Title: V ( ) Delete  
Name: LYON, DALE  
Address: 1062 CORAL RIDGE DR  
City-St-Zip: CORAL SPRING, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VTD (X) Change ( ) Addition  
Name: OLENICOFF, IGOR M  
Address: 1062 CORAL RIDGE DR  
City-St-Zip: CORAL SPRING, FL 33071

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: IGOR M. OLENICOFF

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02/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date