2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000087882

Entity Name: SOUTH BASIN DEVELOPMENT CORP.

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
245 FRON KEY WEST	Т ST. Г, FL 33040				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	KET STREET OUTH, NH 03				
FEI Number:	65-0654159	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:					
1200 S. PIN	ORATION SYS NE ISLAND R ON, FL 3332	OAD			
The above in the State		submits this statement for the pu	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ager	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:	WALSH, MARK	TIC AVE., STE. 202	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WALSH, MICH	TIC AVE., STE. 202	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WALSH, WILL	ST., STE. 300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCMURRAIN,	TIC AVE., STE. 202	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CRITCHFIELD	TIC AVE., STE. 201	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: MARK WALSH PTD 02/05/2009