


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000087884 1. Entity Name NORTH BASIN DEVELOPMENT CORP.	
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Principal Place of Business 245 FRONT ST KEY WEST, FL 33040 US	Mailing Address 1000 MARKET ST BLDG 1, SUITE 300 PORTSMOUTH, NH 03801 US
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0478850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES 1201 HAYS STREET TALLAHASSEE, FL 32301

**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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000676234 03/30/07-80050-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALSH, K 1001 E. ATLANTIC AVE, SUITE 202 DEL AY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WALSH, MICHAEL 1001 E. ATLANTIC AVE, SUITE 202 DEL AY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALSH, WILLIAM 1000 MA KET ST EET BLDG 1 PO TSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMU AUN, THOMAS 1001 E. ATLANTIC AVE, SUITE 202 DEL AY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S C ITCHFIELD, ICHA D 1001 E. ATLANTIC AVE, SUITE 202 DEL AY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Michael Walsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael Walsh, V. President

2/5/07
Date

(562) 299-9900
Daytime Phone #