2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# P93000087884

Entity Name: NORTH BASIN DEVELOPMENT CORP.

Current Principal Place of Business:

245 FRONT ST
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

1000 MARKET ST
BLDG 1, SUITE 300
PORTSMOUTH, NH 03801 US

New Mailing Address:

FEI Number: 65-0478850 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION INFORMATION SERVICES
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: P ( ) Delete
Name: WALSH, MARK
Address: 1001 E. ATLANTIC AVE, SUITE 202
City-St-Zip: DELRAY BEACH, FL 33483

Title: VT ( ) Delete
Name: WALSH, MICHAEL
Address: 1001 E. ATLANTIC AVE, SUITE 202
City-St-Zip: DELRAY BEACH, FL 33483

Title: V ( ) Delete
Name: WALSH, WILLIAM
Address: 1000 MARKET STREET BLDG 1
City-St-Zip: PORTSMOUTH, NH 03801

Title: V ( ) Delete
Name: MCMURRAUN, THOMAS
Address: 1001 E. ATLANTIC AVE, SUITE 202
City-St-Zip: DELRAY BEACH, FL 33483

Title: S ( ) Delete
Name: CRITCHFIELD, RICHARD
Address: 1001 E. ATLANTIC AVE, SUITE 202
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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.

SIGNATURE: WILLIAM WALSH V 02/04/2009

Electronic Signature of Signing Officer or Director — Date