2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000030535

1. Entity Name
FLUID MECHANICAL DEVELOPMENT (FMD) CORP.

Principal Place of Business	Mailing Address
3500 RADIO ROAD NAPLES, FL 33942	3500 RADIO ROAD NAPLES, FL 33942

DO NOT WRITE IN THIS SPACE

04062007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
13-3144067		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCISCA FERNANDEZ
3500 RADIO ROAD
NAPLES, FL 34104

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. ☐	**$5.00** May Be Added to Fees	U000000697553 04/18/07-80044-024 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PVST
NAME	FERNANDEZ, FRANCISCA
STREET ADDRESS	3500 RADIO RD.
CITY-ST-ZIP	NAPLES, FL 34104

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Francisca Fernandez_   4/06/07   239-263-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #