FILED 2006 FOR PROFIT CORPORATION Mar 08, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P94000050548 Entity Name CIA DEVELOPMENT, INC. Principal Place of Business Mailing Address 4320 WOODLAND PK DR 4320 WOODLAND PK DR MELBOURNE, FL 32904 MELBOURNE, FL 32904 01032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3264966 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent HEALY, PATRICK F DO NOT WRITE 700 S BABCOCK STREET **SUITE 400** IN THIS SPACE MELBOURNE, FL 32901 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 Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS MILE ANDERSON, JR W ROBERT NAME STREET ADDRESS 4320 WOODLAND PK DR W MELBOURNE, FL 32904 CITY-ST-ZIP U00000460564 TITLE 03/20/06-80015-009 150.00 INGRAM, BRUCE NAME STREET ADDRESS 4320 WOODLAND PK DR CRY-ST-ZIP W MELBOURNE, FL 32904 71715 NAME STREET ADDRESS DO NOT WRITE CITY-ST-719 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. It hereby certify that the information supplied with this liting 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 gustee empowered to execute this export as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter for on an attachment with a address with all other like empowered.

SIGNATURE: ____

TIPLE NAME STREET ADDRESS CITY-ST-ZIP

Kles Cler & W. LOBERT ANDERSON JA

2/21/06

321-723-3400

Daytime Phone #