## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Aug 21, 2006 08:00 Al Secretary of State DOCUMENT # P94000055387 **DEN & DEV CORPORATION** Principal Place of Business Mailing Address 271 SE PORT ST. LUCIE BLVD. 271 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34984 PORT ST. LUCIE, FL 34984 07272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0503579 Not Applicable \$8.75 Additional 5. Certificate of Status Desired . . 6. Name and Address of Current Registered Agent MATHURA, DEVANAND DO NOT WRITE 261 SW PICES TERRACE PORT ST. LUCIE, FL 34984 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITLE NAME MATHURA, DEVANAND U00000574799 271 SW PICES TERR. STREET ADDRESS 108/21/05-80008-002:150:00 PORT SAINT LUCIE, FL 34984 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CHY-ST-ZIP TITLE STREET ADDRESS

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:

CITY-ST-71P TITLE NAME STREET ADDRESS CITY-SI-7IP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A8/16/05