2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2007 08:00 AM DOCUMENT # P94000055387 **Secretary of State 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 01232007 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 Fiorida. 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) ทบบบบบยบยู่นู้สอ 01/30/07-80063-009 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE NAME MATHURA, DEVANAND 271 SW PICES TERR. STREET ADDRESS PORT SAINT LUCIE, FL 34984 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIFLE STREET ADDRESS CITY-ST-ZIP NAME

12. 1 hereby certify that the information supplied with this filling 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:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

126/07.

Daytime Phone #

FILED