2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9400083405

1. Entity Name

VISTA DEL LAGO DEVELOPMENT CORP.



Principal Place of Business

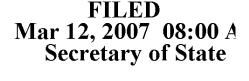
3307 NORTHLAKE BLVD.

SUITE 107 WEST PALM BEACH, FL 33403 Mailing Address

3307 NORTHLAKE BLVD.

SUITE 107

WEST PALM BEACH, FL 33403





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03062007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-0533115 Not Applied be 88.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

CROSSEN, JOSEPH F 3307 NORTHLAKE BLVD. STE 107 WEST PALM BEACH, FL 33403 DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of change	ging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.		
A CALATURE		
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

10.

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

DDRESS 3307 NORTHLAKE BLVD. STE 107
WEST PALM BEACH, FL 33403

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HOWLAND, LYLE

3307 NORTHLAKE BLVD. STE 107
WEST PALM BEACH, FL 33403

U00000662309
133/21/07-80008-004 150,00

TITLE CROSSEN, JOSEPH F NAME STREET ADDRESS 3307 NORTHLAKE BLVD. STE 107 CITY-ST-ZIP TITLE NAME 66 BEACON ST. STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02108 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OFFICERS AND DIRECTORS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 received or frusted 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. But hall other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/8/07

Daytime Phone #