

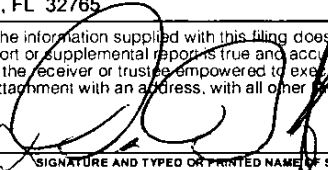


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90066 024 \*\*\*150.00

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # P95000003074</b><br>1. Entity Name<br>COLONIAL DEVELOPMENT GROUP, INC.  |  |  |  |   |  |
| Principal Place of Business<br>1505 E COLONIAL DR 941 LAKE BALDWIN LANE<br>ORLANDO, FL 32803 US 32814   |  |  | Mailing Address<br>1505 E COLONIAL DR 941 LAKE BALDWIN LANE<br>ORLANDO, FL 32803 US 32814  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>941 LAKE BALDWIN LN   |  | 3. Mailing Address<br>941 LAKE BALDWIN LN  |  | 40074453<br>                                   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  | 04192007 Chg-P CR2E034 (12/06)   |  |
| City & State<br>ORLANDO FL  |  | City & State<br>ORLANDO FL   |  | 4. FEI Number<br>59-3291774  |  |
| Zip<br>32814  |  | Country<br>USA   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br>SHUFFIELD, CHARLES W<br>1000 LEGION PLACE<br>SUITE 1700<br>ORLANDO, FL 32801   |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |  |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P<br>BARTON, JR., DONALDSON K<br>4609 MATTIE COURT<br>ORLANDO, FL 32817      | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | S<br>SMITH, JR., LAWRENCE L<br>4120 BOUNCE DRIVE<br>ORLANDO, FL 32812        | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | AT<br>CUSHMAN, LUCIUS JR.<br>716 FLORIDA BLVD<br>ALTAMONTE SPRINGS, FL 32701 | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | T<br>PRECOURT, STEPHEN L<br>3403 KING GEORGE DRIVE<br>ORLANDO, FL 32835      | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VP<br>MEADOWS, JON S<br>1160 BANBURY TRAIL<br>MAITLAND, FL 32751             | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VP<br>BARTON, SR., DONALDSON K<br>344 SWAN SEA COURT<br>OVIEDO, FL 32765     | <input type="checkbox"/> Delete  |  |  |  |
| 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 fee empowered. |  |  | SIGNATURE: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |  |  |
|   |  |  | Date: 4/19/07 Daytime Phone #: (407) 856-0554  |  |  |