


2008 FOR PROFIT CORPORATION ANNUAL REPORT

933

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P95000057869

1. Entity Name
EDIFICE DEVELOPMENT, INC.



Principal Place of Business 933 LEE RD SUITE 400L ORLANDO, FL 32810	Mailing Address 933 LEE RD SUITE 400L ORLANDO, FL 32810
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04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3347962	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, ROBERT N JR
 933 LEE RD.
 SUITE #400
 ORLANDO, FL 32810**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

U00000905173
 05-01-08 00042-017-150.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JOHNSON, ROBERT N JR. 933 LEE RD. SUITE #400 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO JOHNSON, ROBERT N 933 LEE RD SUITE 400 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JOHNSON, CAROLINA 933 LEE RD. SUITE #400 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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. 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: Robert N. Johnson Date: 4-11-08 Daytime Phone #: 407-629-5595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT N. JOHNSON