## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 04, 2008 08:00 All Secretary of State **DOCUMENT # P95000091357** 1. Entity Name AWARE DEVELOPMENT, INC. Principal Place of Business Mailing Address 305 SW 140 TERRACE 305 SW 140 TERRACE NEWBERRY, FL 32669 SUITE A NEWEBERRY, FL 32669 No Chg-P CR2E034 (11/05) 01082008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3349467 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ACD ASSOCIATES DO NOT WRITE 305 SW 140TH TERRACE NEWBERRY, FL 32669 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE DUNWOODY, UTE ALICE NAME 305 SW 140TH TERRACE STREET ADDRESS U000000881101 NEWBERRY, FL CITY-ST-ZIP 04/15/08-80087-015 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AICH TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-2.08 (3,2/332-9600

Daytime Phone

**FILED**