

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P95000095040

**FILED**  
**Jun 20, 2007**  
**Secretary of State****Entity Name:** WATERWAYS DEVELOPMENT, INC.**Current Principal Place of Business:**11860 W STATE ROAD 84  
B-15  
DAVIE, FL 33325 US**New Principal Place of Business:****Current Mailing Address:**11860 W STATE ROAD 84  
B-15  
DAVIE, FL 33325 US**New Mailing Address:****FEI Number:** 65-0627342      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**E.H.G. RESIDENT AGENTS, INC.  
5100 TOWN CENTER CIRCLE  
STE 430  
BOCA RATON, FL 33486 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** DS      ( ) Delete  
**Name:** GOLAN, AMNON  
**Address:** 11860 W STATE RD 84 B-15  
**City-St-Zip:** FORT LAUDERDALE, FL 33325**Title:** D      ( ) Delete  
**Name:** GOLAN, DINA  
**Address:** 11860 W STATE RD 84 B-15  
**City-St-Zip:** FORT LAUDERDALE, FL 33325**Title:** DP      ( ) Delete  
**Name:** DAVENPORT, RICHARD  
**Address:** 16335 MARIPOSA CIRCLE N.  
**City-St-Zip:** PEMBROKE PINES, FL 33331**Title:** DAS      ( ) Delete  
**Name:** DAVENPORT, J. STEVEN  
**Address:** 18065 SW 82 AVE.  
**City-St-Zip:** MIAMI, FL 33157**Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DSVP      (X) Change ( ) Addition  
**Name:** GOLAN, AMNON  
**Address:** 11860 W STATE RD 84 B-15  
**City-St-Zip:** FORT LAUDERDALE, FL 33325**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** DVP      ( ) Change (X) Addition  
**Name:** GOLAN, GUY J  
**Address:** 19111 COLLINS AVENUE #402  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160**Title:** AS      ( ) Change (X) Addition  
**Name:** PARSONS, DEBORAH S  
**Address:** 5841 SW 117TH AVENUE  
**City-St-Zip:** COOPER CITY, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD DAVENPORT

P

06/20/2007

Electronic Signature of Signing Officer or Director

Date