


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 28 AM 9:24

DOCUMENT # P96000025308 1. Entity Name MARKETPLACE DEVELOPMENT CORP.	
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Principal Place of Business 1595 SE PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FL 34952	Mailing Address 433 SOUTH MAIN ST CORPORATE CENTER WEST SUITE 300 WEST HARTFORD, CT 06110 US
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0667592	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FARRELL, RICKEY L
1595 SE PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE, FL 34952**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LABONTE, ROLAND G 433 S. MAIN STREET, SUITE 300 WEST HARTFORD, CT 06110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LABONTE, SCOTT A 433 S. MAIN STREET, SUITE 300 WEST HARTFORD, CT 06110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAZE, ROXANNE 433 S. MAIN STREET, SUITE 300 WEST HARTFORD, CT 06110
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **02/23/05 (860)521-6999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #