


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

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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01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0667592	Applied For <input type="checkbox"/> 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

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000633063 02/21/07-80046-012 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: _____ **01/16/07** **860 521-6999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #