2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2006 08:00 AM DOCUMENT # P96000067980 **Secretary of State** 1. Entity Name EVANS DEVELOPMENT COMPANY Principal Place of Business Mailing Address 1236 GEORGE BUSH BLVD P.O. BOX 812218 DELRAY BEACH, FL 33483 BOCA RATON, FL 33481. 02212006 · No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0697112 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FOX, RICHARD C DO NOT WRITE 3401 LAKEVIEW DR DELRAY BEACH, FL 33445 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. U00000501334 04/25/06-80082-005 150.00 SIGNATURE. Signature, typed or printed name of registered agent and title if explicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE EVANS, MARY E NAME STREET ADDRESS 1236 GEORGE BUSH BLVD CDY-ST-70P DELRAY BEACH, FL 33483 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS COY-ST-709 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 affactoment with an address, with all other like empowered.

SIGNATURE:

CUTY-ST-ZIP

ATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

561 998-2095

Daveme Phone #