2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000093837

City-St-Zip:

TAMPA, FL 33647

FILED Feb 21, 2005 Secretary of State

Entity Nar	ne: M.L. DE\	ELOPMENT COMPANY			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
15310 AMBERLY DRIVE SUITE 205 TAMPA, FL 33647			15310 AMBERLY DI SUITE 220 TAMPA, FL 33647		
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
15310 AMBERLY DRIVE SUITE 205 TAMPA, FL 33647			15310 AMBERLY DI SUITE 220 TAMPA, FL 33647		
FEI Number:	59-3412058	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
LUTRELL, D SCOTT 15310 AMBERLY DR SUITE 205 TAMPA, FL 33647 US			15310 AMBERLY DI TAMPA, FL 33647		
The above in the State	named entity e of Florida.	submits this statement for the po	urpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: D. SCOTT LUTTRELL				02/21/2005	
	Electro	nic Signature of Registered Age	nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LUTTRELL, SC	LY DR, STE 220	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BROWNLEE, [LY DR, STE 220	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	GARTHWAITE) Delete JOHN R LV DR STE 220	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: DAVID BROWNLEE 02/21/2005 S