## FILED Jan 18, 2007 8:00 am Secretary of State

	N
ANNUAL REPORT	

DOCUMENT # P9700008991  1. Entity Name KNIGHTSBRIDGE DEVELOPMENT CORPORATION							01-18-20	007 90094	001 ***1	50.00	
Principal Place 250 PARK AV 5TH FLOOR WINTER PARK 2. Principal Pl 1152 So1	/ENUE SOUT (, FL 32789 ace of Busin	TH 9 ness - No P.O. Box #	5TH FLOOR WINTER PARK, FL 3. Mailing Address	250 PARK AVENUE SOUTH 5TH FLOOR WINTER PARK, FL 32789							
Suite, Apt.			Suite, Apt. #, etc.				Chg-P	CR2E03	4 (12/06)		
City & State Winter Park FL				Winter Park FL			59-3436045 Not App			plied For Applicable	
32789	C No	Country USA and Address of Curre	32789	US A			of Status Desired  Address of New	F	8.75 Addi		
EVERETT, 250 PARK 5TH FLOO WINTER P	DYKES ( AVENUE R	SOUTH	- Cg 30000 Agon		Street Ad	Everett, Dy	kes C		Zin Code	à	
the obligati	Significant Signif	FEE IS \$150.00	9. Election C		ed office or i		oth, in the State of F			-	
10.	ay 1, 200	7 Fee will be \$55	ND DIRECTORS	11.			/CHANGES TO OF	FICERS AND	DIRECTORS	S (N 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1152 SOL	WILLIAM W LANA AVENUE PARK, FL 32789	☐ Delete	NAN SIR	Ł.		, , , , , , , , , , , , , , , , , , , ,		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 11111111111111111111111111111111111					Everett, D 341 East W Winter Par	ebster Ave		Change Change	Addition	
HILE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	NAN Siri	- !				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAN STR					☐ Change	Addition	
THE NAME STREET ADDRESS GHY-ST-ZIP			□ Delete	NAN STR					☐ Change	Addition	
'ITLE NAME STREET ADDRESS CITY-ST-ZOP			☐ Defete	NAN STR					Change	☐ Addilion	
of the coa changed	rporation or t , or on an att	the receiver or trustee.	with this filing does not guest for and accurate and accurate and accurate and appeared to execute this ess, with all other like employers.	alify for the ex that my signa report as required.	emptions co sture shall ha iired by Cha	ontained in Chapter 1 ave the same legal effe oter 607, Florida Statu	9, Florida Statutes ect as if made unde les; and that my ha	. I further cert ir oath, that I a me appears in	ify that the ir im an officer n Block 10 or	iformation or director Block 11 if	
SIGNAT	TURE: _	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING	OFFICER OR DIREC	TOR		Date	0	aylime Phone #		