


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P97000009644 1. Entity Name PROGRESSIVE DEVELOPMENT GROUP, INC. |  |
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| Principal Place of Business 5205 SOUTH LOIS AVENUE TAMPA, FL 33611 | Mailing Address 5205 SOUTH LOIS AVENUE TAMPA, FL 33611 |
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01232007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3431367 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BAUER, TIM 5205 SOUTH LOIS AVENUE TAMPA, FL 33611 |
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | |
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| 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 | U00000603782 01/29/07-80028-004 150.00 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BAUER, TIM 5205 SOUTH LOIS AVENUE TAMPA, FL 33611 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ABREU, WILSON 5205 SOUTH LOIS AVENUE TAMPA, FL 33611 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ABREU, NATALIE 5205 SOUTH LOIS AVENUE TAMPA, FL 33611 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NEVARIL, BRETT 5205 SOUTH LOIS AVENUE TAMPA, FL 33611 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WINTERS, JAMES 5205 SOUTH LOIS AVENUE TAMPA, FL 33611 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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

Natalie M. [Signature]

1/23/07