2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000033944

Entity Name
 DEVELOPMENT CONCEPTS, INC.



FILED
Apr 28, 2008 08:00 AM
Secretary of State

Principal Place of Business

C/O BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIR., STE. 325 CORAL GABLES, FL 33134 US Mailing Address

C/O BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIR., STE. 325 CORAL GABLES, FL 33134 US



DO NOT WRITE IN THIS SPACE

04152008 No Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

MAC NAIR, CHRISTOPHER J 255 ALHAMBRA CIRCLE, SUITE 325 CORAL GABLES, FL 33134

SIGNATURE:

SIGNATURE AND TYPED OF

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, 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, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		- 000000324128 - 00748709-90081-007 150.00
TITLE NAME STREET ADDRESS CHY-SI-ZIP	D FERTIG, JAY C 255 ALHAMBRA CIR. STE. 325 CORAL GABLES, FL 33134			05/16/08-80051-00(130:00
TITLE NAME STREET ADDRESS CITY - ST-ZIP	D MACNAIR, CHRISTOPHER J 255 ALHAMBRA CIR. STE. 325 CORAL GABLES, FL 33134			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 application, with all other like empowered.				