2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P97000060656 1. Entity Name

OCOEE DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

24725 W. 12 MILE RD

24725 W. 12 MILE RD

STE 120

SOUTHFIELD, MI 48034

STE 120 SOUTHFIELD, MI 48034

US

FILED Apr 25, 2008 08:00 AN Secretary of State



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04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2327413

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EMO CORPORATE SERVICES, INC. 100 NORTHEAST THIRD AVENUE SUITE 1100 FORT LAUDERDALE, FL 33301

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The above named e the obligations of re		urpose of changing its register	red office or r	egistered agent, or both,	in the State of Florida. I am familiar with, and accep	1
SIGNATURE Signature, 1	yped or printed name of registered agent and little	fapplicable (NOTE, Register)	ed Agent signature	required when reinstating)	DATE	
	(iii FEE IS \$150.00 008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	~ —	\$5.00 May Be Added to Fees		_
10,	OFFICERS AND DIRECTORS				and the second s	_
mu D						

MILLER, CHARLES J NAME 24725 W. 12 MILE RD, STE 120 STREET ADDRESS CITY-ST-ZIP SOUTHFIELD, MI 48034 D TITLE MILLER, THOMAS J NAME 24725 W. 12 MILE RD, STE 120 STREET ADDRESS SOUTHFIELD, MI 48034 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADORESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

000000922531 05/15/08-80050-013 150.00

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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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR