FILED 2007 FOR PROFIT CORPORATION May 14, 2007 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P97000071855** 1. Entity Name LLS DEVELOPMENT COMPANY, INC. Principal Place of Business Mailing Address 863 33RD CT SW 863 33RD CT SW VERO BEACH, FL 32968 VERO BEACH, FL 32968 CR2E034 (11/05) 05072007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0809226 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAL, J L DO NOT WRITE 863 33RD CT SW VERO BEACH, FL 32968 IN THIS SPACE

٥.	The above named entity submits this statement for the purpose of changing its registered chice of registered agent, or both, in the state of Plonda.	i aiii iaimina wari, ark	n accebi
	the obligations of registered agent.		

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

DATE

Applied For

Not Applicable

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAL, JAMES L JR. 4804 PALEO PINES CIR. FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAL, SYLVIA 4804 PALEO PINES CIR. FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIAL, JOHN LARRY 4804 PALEO PINES CIR. FORT PIERCE, FL 34951

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

U00000763856 05/30/07-80033-001 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chepter 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

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #