FILED 8:00 am §

CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	ne ED DEVELOPMENT CORPO	0012585 RATION OF VOLUSI	A COU	Secretary of 05-01-2003 90399 039 **		
150 DUNDEE ROAD, SUITE C 150 DUN		Mailing Address 150 DUNDEE ROAD, SUIT DAYTONA BEACH SHORE				
Principal Place of Business 3. Mailing Address					HEEL BILL 18111 1811 1811	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>	CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3496830	Applied For Not Applicable	
Zip	Country	Zip	Country		.75 Additional	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Age	nt	
			Name			
GOODWIN, MORRIS W 150 DUNDEE ROAD, SUITE C			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
DAYTONA BEACH SHORES FL 32118						
	, 52.01.0110100 (2.02.10		City	FL	Zip Code	
SIGNATURE . F After	Signature, typed or printed name of registered agent a ILE NOW!!! FEE IS \$150.00 ~ r May 1, 2003 Fee will be \$550.00		E. Registered Agent signature require	ed when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
	Repartment of		_ <u>_</u>			
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIF		
TITLE NAME 'N STREET ADDRESS CITY-ST-ZIP	PAYS, TERRIE C 150 DUNDEE ROAD, SUITE C AAYTONA BEACH SHORES FL 32	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAYS, CHARLES G 150 DUNDEE ROAD, SUITE C DAYTONA BEACH SHORES FL 32	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOODWIN, MORRIS W 150 DUNDEE ROAD, SUITE C DAYTONA BEACH SHORES FL 32	□ Delete	TITLE	e* , -	-Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TIGHE, MICHAEL K 150 DUNDEE ROAD, SUITE C DAYTONA BEACH SHORES FL 32	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report er SUP itemental 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 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: