2006 EAD ADARLY CARDADATA

FILED

ANNUAL REPORT				Apr 17, 2006 08:00 AM Secretary of State			
DOCUMENT # P98000039089					Secret	ary of S	state
	DEVELOPMENT CORPORAT	TION/SEAPORT -					
SUITE B	e of Business H PATRICKORIVE NOUR BEACH, FL 32937	Mailing Address 2050 SOUTH PATRICKDRIVE SUITE B INDIAN HARNOUR BEACH, FL	12017				
		THE PROPERTY OF THE PARTY OF TH					
DO NOT WRITE IN THIS SPACE				01062006	No Chg-P	CR2E034 (1	1/05)
DO NOT WINIE IN THIS SPAC			CE	4. FEI Numb 59-353			Applied For Not Applicable
	6. Name and Address of Current Re-	nistered Agent		5. Certificate	of Status Desired		5 Additional equired
1221 EAS	CURTIS R T NEW HAVEN AVENUE RNE, FL 32901				NOT W THIS SP		
8. The above the obligat	named entity submits this statement for the	e purpose of chariging its register	ed office or register	ed agent, or bo	th, in the State of Flo	rida. 1 am familia	r with, and accept
SIGNATURE Signature, hypod or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 7 cust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICERS AND DIF	RECTORS {			<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNS, THOMAS M 2050 SOUTH PATRICK DRIVE, SUI INDIAN HARBOUR, FL 32937	TEB			 8600 04/29/0	00511 974 6-80070-1	023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					5 // 24 /		
Title Mame Street address City-St-Zip				סמ	NOT W	RITF	
TITLE NAME STREET ADDRESS C)17-S1-289			IN THIS SPACE				
TITLE NAME SIREET ADDRESS CITY-ST-ZUP							
TITLE NAME STREET ADDRESS							

12. 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 proposered to execute this report as required by Chapter 807, 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: _

CITY -ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

(321) 725-3000

Daytims Phone 6