2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000104791

1. Entity Name

COURTELIS DEVELOPMENT COMPANY



Principal Place of Business

703 WATERFORD WAY SUITE 800

MIAMI, FL 33126 US

Mailing Address

703 WATERFORD WAY SUITE 800

MIAMI, FL 33126 US

FILED Jun 28, 2007 08:00 Al Secretary of State



06202007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0887052

Applied For Not Applicable

5. Certificate of Status Desired

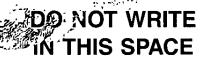
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOSIK, VICTOR L 703 WATERFORD WAY SUITE 800 MIAMI, FL 33126



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

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 Due by September 14, 2007 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.

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PITTS, W. DOUGLAS 703 WATERFORD WAY, SUITE 800 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COURTELIS, KIKI L 703 WATERFORD WAY, SUITE 800 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV[VASSILAROS, ELIAS 703 WATERFORD WAY, SUITE 800 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KURPS, JAMES 703 WATERFORD WAY, SUITE 800 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRIDGEN, DOUGLAS H 703 WATERFORD WAY, SUITE 800 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

; U00000766702 06/28/07-80001-009 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information expedied with this filling 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 applicatess, with applicatess.

SIGNATURE:

NATURE AND TYPED OR PROPED NAME OF BIGNING OFFICER OR DIRECTOR

6/20/07 305-26/-4330

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