2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# P99000022351

Entity Name: CAPE CORAL PALMS DEVELOPMENT, INC.

Current Principal Place of Business:

186 PORTOFINO DR
NORTH VENICE, FL 34275

New Principal Place of Business:

Current Mailing Address:

186 PORTOFINO DR
NORTH VENICE, FL 34275

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALLURE ACCOUNTING, LLC
28000 SPANISH WELLS BLVD.
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: JAUS, HILDE
Address: 186 PORTOFINO DR
City-St-Zip: NORTH VENICE, FL 34275

Title: VP ( ) Delete
Name: JAUS, LOTHAR I
Address: 186 PORTOFINO DR
City-St-Zip: NORTH VENICE, FL 34275

Title: SECR ( ) Delete
Name: WEIK, CLAUDIA
Address: 186 PORTOFINO DR
City-St-Zip: NORTH VENICE, FL 34275

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: WEIK, OLIVER H
Address: 186 PORTOFINO DR
City-St-Zip: NORTH VENICE, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAUS VP 01/22/2009

Electronic Signature of Signing Officer or Director — Date