2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90382 027 ***150.00

DOCUMENT # P99000028316

1. Entity Name
AVALON DEVELOPMENT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
770 1ST AVE N SAINT PETERSBURG, FL 33701	770 1ST AVE N SAINT PETERSBURG, FL 33701

04272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
5113 CONNER AVE	5113 CONNER AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST PBG FL	City & State: ST. PBG FL
Zip: 33710 Country: PALS	Zip: 33710 Country: PALS

4. FEI Number: 59-3565377 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GODELS, CHARLES P 770 1ST AVE N SAINT PETERSBURG, FL 33701	Name: GODELS, CHARLES P. Street Address (P.O. Box Number is Not Acceptable): 5113 CONNER AVE. City: ST. PBG FL Zip Code: 33710

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: _____ DATE: 4/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GODELS, CHARLES P 5950 BIKINI WAY N ST PETERBURG BEACH, FL 33706	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD YOVNNO, MADANNA 6103 ZEKNA RD LUTZ, FL 33558	☐ Delete	TO YOVINO, MADANNA 6103 ZELMA RD LUTZ, FL 33558	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LARSEN, LAURA 7524 17 LANE N SAINT PETERSBURG, FL 33702	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNN, DAVID E 329 ALLENVIEW DR MECHANICSBURG, PA 17055	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D JONES, MICHAEL T. 135 LAUGHING GULL LANE PALM HARBOR, FL 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I 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 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: _____ C P GODELS 4/27/06 727-323-2326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #