2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000070810

1438 SWEETBRIAR RD

ORLANDO, FL 32806

Address: City-St-Zip:

Entity Name: BUMBY DEVELOPMENT GROUP, INC

FILED Apr 17, 2009 Secretary of State

| Entity Nan | ue: BOMBYD | EVELOPMENT GROUP, INC. | | | |
|--|----------------------|----------------------------------|--|--|--|
| Current Principal Place of Business: | | | New Principal F | New Principal Place of Business: | |
| 800 N. MAGNOLIA AVENUE SUITE 203 ORLANDO, FL 32803 | | | | 1730 SOUTH BUMBY AVENUE ORLANDO, FL 32806 US | |
| Current Mailing Address: | | | New Mailing Ad | New Mailing Address: | |
| 800 N. MAGNOLIA AVENUE SUITE 203 ORLANDO, FL 32803 | | | 4407 BEE CAVE SUITE 320 AUSTIN, TX 787 | | |
| FEI Number: | 58-2532064 | FEI Number Applied For () | FEI Number Not Applicable | () Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and Addr | Name and Address of New Registered Agent: | |
| CALVERT, JOHN M 800 N. MAGNOLIA AVENUE SUITE 203 ORLANDO, FL 32803 US | | | 1730 SOUTH BL | CALVERT, JOHN M 1730 SOUTH BUMBY AVENUE ORLANDO, FL 32806 US | |
| The above in the State | | ubmits this statement for the po | rpose of changing its reg | stered office or registered agent, or both, | |
| SIGNATURE: | | | | 04/17/2009 | |
| Electronic Signature of Registered Agent | | | nt | Date | |
| Election Can | npaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CH | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | RENNEKER, C | S ROAD, STE. 320 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | RENNEKER, R I | S ROAD, STE. 320 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | P () CALVERT, J M | Delete | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: JOHN M. CALVERT P 04/17/2009