

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -7 AM 8:52

DOCUMENT # P99000072902 1. Entity Name N.B.D. DEVELOPMENT, INC.	
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Principal Place of Business 3640 AIRPORT ROAD BUILDING 12-1 BOCA RATON, FL 33431 US	Mailing Address PO BOX 811987 BOCA RATON, FL 33481 US
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DO NOT WRITE IN THIS SPACE

09062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0959459	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINSEY, JOHN T
PO BOX 811987
BOCA RATON, FL 33481

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KINSEY, JOHN T 3640 AIRPORT ROAD, BUILDING 12-1 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

800059813708
09/21/05--01016--006 **550.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John T. Kinsey John T. Kinsey 9-505 5612898552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #