

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000078302
 1. Entity Name
ASPEN DEVELOPMENT CORP.



Principal Place of Business 7777 GLADES ROAD SUITE 310 BOCA RATON, FL 33434	Mailing Address 7777 GLADES ROAD SUITE 310 BOCA RATON, FL 33434
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0944986	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIER, ROBERT J
 7777 GLADES ROAD
 SUITE 310
 BOCA RATON, FL 33434

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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 \$150.00
After May 1, 2005 Fee will be \$550.00

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

100000344028
 04/29/05-80119-025 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHMIER, ROBERT J 7777 GLADES ROAD SUITE 310 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACOBSON, HAROLD B C/O SUPREMA, INC. 7900 GLADES RD. STE #510 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOOLIK, GARY 7900 GLADES ROAD # 510 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **April 28, 2005** **561-483-8400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/18 PM

Robert J. Schmier, Pres.