


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P99000083052 1. Entity Name HIAWASSEE DEVELOPMENT CORP. |  |
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| Principal Place of Business 6000 METROWEST BLVD #111 ORLANDO, FL 32835 | Mailing Address 6000 METROWEST BLVD #111 ORLANDO, FL 32835 |
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04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3600789 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SKORMAN, MARC 6000 METROWEST BLVD #111 ORLANDO, FL 32835 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD SKORMAN, MARC J 9720 LAKE ISLEWORTH COURT WINDERMERE, FL 34786 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVD SKORMAN, KEVIN S 9720 LAKE ISLEWORTH COURT WINDERMERE, FL 34786 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| <p>U00000502237 04/25/06-80037-002 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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.

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| SIGNATURE:  PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 4/7/06 <small>Date</small> | 407-253-2001 <small>Daytime Phone #</small> |
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