2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005
Secretary of State

DOCUMENT# P99000091725

Entity Name: CLARIDGE DEVELOPMENT, INC.

Current Principal Place of Business:

925 NORTH COURTENAY PARKWAY
SUITE 28
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

925 NORTH COURTENAY PARKWAY
SUITE 28
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 59-3617569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOHRR, PHILLIP F
1800 WEST HIBISCUS BLVD.
SUITE 138
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KODSI, MAURICE
Address: PO BOX 320637
City-St-Zip: COCOA BEACH, FL 32931

Title: T ( ) Delete
Name: KODSI, ROBERT
Address: PO BOX 320637
City-St-Zip: COCOA BEACH, FL 32931

Title: VP ( ) Delete
Name: KODSI, MICHAEL
Address: PO BOX 320637
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MAURICE KODSI PD 03/28/2005

Electronic Signature of Signing Officer or Director — Date