2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2007 08:00 AM DOCUMENT # S12332 **Secretary of State** 1. Entity Name SDS DEVELOPMENT, INC. Principal Place of Business Mailing Address 1723 COSTA DEL SOL 1723 COSTA DEL SOL BOCA RATON, FL 33432 BOCA RATON, FL 33432 CR2E034 (11/05) 01122007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0226467 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZANDER, STEVE DO NOT WRITE 1723 COSTA DEL SOL BOCA RATON, FL 33432 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME ZANDER, STEVE STREET ADDRESS 21428 54TH DR., S. CITY-ST-ZIP BOCA RATON, FL U00000590702 01/18/07-80066-021 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 applications, with all either like empowered.

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ATURE AND DAFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

sew LANder

12/07 271-8601