


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # S20406 1. Entity Name DEVELOPMENT ASSOCIATES INTERNATIONAL, INC. |  |
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| Principal Place of Business 3389 SHERIDAN ST SUITE 309 HOLLYWOOD, FL 33021 | Mailing Address 3389 SHERIDAN ST SUITE 309 HOLLYWOOD, FL 33021 |
|--|--|

DO NOT WRITE IN THIS SPACE



07032007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 65-0234569 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**GOLDSTEIN, DONNA L.
3389 SHERIDAN ST SUITE 309
HOLLYWOOD, FL 33021**

**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 _____

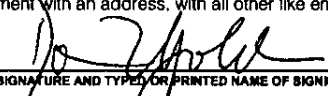
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| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GOLDSTEIN, DONNA L 3389 SHERIDAN ST #309 HOLLYWOOD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST GOLDSTEIN, DONNA L 3389 SHERIDAN ST #309 HOLLYWOOD, FL |
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07/05/07-80004-013 150.00

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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.

| | |
|---|-------------------------------------|
| SIGNATURE: X  | 7/3/07 954-893-0123 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |