2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S24921

1. Entity Name SAFASATU DEVELOPMENT CORPORATION



Principal Place of Business

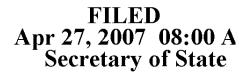
1003 DEL PRADO BLVD.

SUITE 300 CAPE CORAL, FL 33990 Mailing Address

1003 DEL PRADO BLVD.

SUITE 300

CAPE CORAL, FL 33990





DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04242007 No Chg-P

4. FEI Number 59-3054479

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

BERKE, BILL B. 1003 DEL PRADE BLVD. SUITE 300 CAPE CORAL, FL 33990

SIGNATURE:

SIGNATURE AND TYPED O

PRINTED NAME OASIGNING OFFICER OR DITECTOR

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campai Trust Fund Cont			n Campaign Finar fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BERKE, BILL B. 1003 DEL PRADO BLVD. STE. 300 CAPE CORAL, FL 33990					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKE, BILL B. 1003 DEL PRADO BLVD. CAPE CORAL, FL 33990					000000739622 05/14/07-80034-020 150.
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CIFY-ST-ZIP					IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corchanged	certily that the information supplied with this f on this report or supplemental report is true poration or the receiver or trustee empowere , or on an attachment with an address, with a	iling does not and accurate d to execute t il other like en	qualify for the ex and that my signa his report as requ apowered.	emptions co ture shall ha ired by Chap	ntained in Chapter 119 ve the same legal effect oter 607, Florida Statute	9. Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or directors; and that my name appears in Block 10 or Block 11