2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S34891

Entity Name: MCNEW DEVELOPMENT CO., INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5571 HALIFAX AVE. 5571 HALIFAX AVE FT. MYERS, FL 33912 FT. MYERS, FL 33912

Current Mailing Address: New Mailing Address:

5571 HALIFAX AVE. 5571 HALIFAX AVE FT. MYERS, FL 33912 FT. MYERS, FL 33912

FEI Number: 65-0244385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 NOLAND, JOHN A.
 NOLAND, JOHN A.

 1715 MONROE ST
 1715 MONROE ST

 FT. MYERS, FL 33901
 US

 FT MYERS, FL 33901
 US

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: 04/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

DV () Delete HARPER, DANIEL R.

Name: HARPER, DANIEL R.
Address: 5571 HALIFAX AVE
City-St-Zip: FORT MYERS, FL 33912

 Title:
 DCP
 () Delete

 Name:
 MCNEW, QUINTON B.

 Address:
 5571 HALIFAX AVE

 City-St-Zip:
 FORT MYERS, FL 33912

 Title:
 DVT
 () Delete

 Name:
 INGE, RONALD E.

 Address:
 5571 HALIFAX AVE., #613

 City-St-Zip:
 FORT MYERS, FL 33912

 Title:
 DS
 () Delete

 Name:
 ROZA, DENIS J.

 Address:
 5571 HALIFAX AVE

 City-St-Zip:
 FT. MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition

Name: HARPER, DANIEL R
Address: 5571 HALIFAX AVE
City-St-Zip: FORT MYERS, FL 33912

Title: DCP (X) Change () Addition

Name: MCNEW, QUINTON B Address: 5571 HALIFAX AVE City-St-Zip: FORT MYERS, FL 33912

Title: DVT (X) Change () Addition

Name: INGE, RONALD E
Address: 5571 HALIFAX AVE
City-St-Zip: FORT MYERS, FL 33912

Title: DS (X) Change () Addition

Name: ROZA, DENIS J Address: 5571 HALIFAX AVE City-St-Zip: FT. MYERS, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RONALD E INGE DVT 04/27/2009