2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2007 08:00 A Secretary of State **DOCUMENT #V10789** 1. Entity Name G. & S. DEVELOPMENT CORP. Principal Place of Business Mailing Address ه الحراطين في الراج ا 1395 BRICKELL AV. C/O SCOTT HANNON **SUITE 980** 9160 W BAY HARBOR DR #1 MIAMI, FL 33131 BAY HARBOR ISLANDS, FL 33154 CR2E034 (11/05) 04162007 No Chg-P Applied For 4. FEI Number 65-0348983 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HANNON, WILLIAM S 9160 W. BAY HARBOR DR. PH #1 BAY HARBOR ISLANDS, FL 33154 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 familier with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) U00000719637 05/01/07-80071-014 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10, OFFICERS AND DIRECTORS PD TITLE HANNON, WILLIAM S. MAME STREET ADDRESS 9160 W. BAY HARBOR DR. PH #1 BAY HARBOR ISLANDS, FL 33154 CITY-ST-ZIP TITLE MALE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY.ST. 7P TITLE NAME STREET ADDRESS CITY-ST-7P 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 an address, with all other-like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

FILED