2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 10, 2007 08:00 AM Secretary of State

| Principal Place of Business Mailing Address 315 SOUTH DIXIE HWY 2250 FOURTH AVE, 101 STE 300 | DOCUMENT # V67613 1. Entity Name MAX DEVELOPERS, INC. | | | |
|--|--|--------------|----|--|
| 101 STE 300 | ' | - | | |
| WEST PALM BEACH, FL 33401 US SAN DIEGO, CA 92101 US | 101 | | US | |

| 315 SOUTH 101 West Palm | DIXIE HWY Beach, Fl. 33401 US | 2250 FOURTH AVE. STE 300 SAN DIEGO, CA 92101 US | | | | | |
|--|---|---|-------------------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|
| DO NOT WRITE IN THIS SPAC | | | CE | 07052007 4. FEI Numb 65-035 | No Chg-P | CR2E034 (| |
| | 6. Name and Address of Current Re | gistered Agent | | | | | |
| 315 SOUT 101 WEST PAI | R, JOHN JOSEPH H DIXIE HIGHWAY LM BEACH, FL 33401 | | | IN . | NOT W THIS SP | ACE | |
| | named entity submits this statement for the ions of registered agent. | e purpose of changing its registere | ed office or regist | tered agent, or bo | ith, in the State of Flo | rida. I am famil | iar with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and | title if applicable (NOTE Registered | d Agent signature requi | red when reinstating) | | DATE | |
| | LE NOW!!! FEE IS \$150.00 ue by September 14, 2007 | Election Campaign Finan Trust Fund Contribution. | T | 5.00 May Be ided to Fees | In accordance w corporation did | rith s. 607.193 not receive the | (2)(b), F.S., the prior notice. |
| 10. | OFFICERS AND DII | RECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY+ST+ZIP | DP JARRETT, REESE ANTHONY 2210 SIXTH AVENUE SAN DIEGO, CA 92101 | | | | | | - |
| TITLE NAME STREET ADDRESS CITY ST-ZIP | C HOECKER, JOHN JOSEPH 315 S DIXIE HIGHWAY SUITE 101 WEST PALM BEACH, FL 33401 | | | | U00000 07/1 0 /07- | 767603 80010-02 | 1 150.00 |
| HTLE Vame Street address City-SI-Zip | | | | DO | NOT W | RITE | |
| ITLE IAME STREET ADDRESS SITY-ST-ZIP | | | | IN ⁻ | THIS SP | ACE | |
| itle Name Street Address Dity-St-Zip | | | | | | | |
| ITLE IAME ITREET ADORESS XTY-ST-ZIP | | | | | · | | , |
| i hereby c | ertify that the information supplied with thi | s filing does not qualify for the exe | mptions containe | ed in Chapter 119 | , Florida Statutes, I I | further certify th | at the information |

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report in 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, impowered 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 exprowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-07

Dayline Phone #