


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90064 013 \*\*\*150.00

<b>DOCUMENT # J90345</b>	
1. Entity Name <b>FAMILY DEVELOPMENT, INC.</b>	

Principal Place of Business <b>2999 LAURELWIND BLVD. STE 303 LEWIS CENTER OH 43035 US</b>	Mailing Address <b>2999 LAUREL WIND BLVD LEWIS CENTER OH 43035 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number <b>65-0004324</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>GRANGER, PAUL F C/O MARIE ZIMMER 3556 KILLARNEY PLZ DR. TALLAHASSEE FL 32309</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'REILLY, CHRISTINE</b> <b>5519 BELLEREVE PL</b> <b>WESTERVILLE OH 43082</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GRANGER, PAUL F.</b> <b>2999 LAUREL WILD BLVD</b> <b>LEWIS CENTER OH 43035</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRANGER, KEVIN K.</b> <b>391 FALL RIVER DRIVE</b> <b>REYNOLDSBURG OH 43068</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GRANGER, KATHLEEN</b> <b>2999 LAUREL WIND BLVD</b> <b>LEWIS CENTER OH 43035</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BALLINGER, TERESA L.</b> <b>1110 PINERIDGE DRIVE</b> <b>MARION OH 43302</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRANGER, JEFFREY F.</b> <b>203 W ROSELAWN DR</b> <b>LOGANSPORT IN 46947</b>	<input type="checkbox"/> Delete	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 Section 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:** Paul F. Granger **Pres.** **2-1-06 740-657-8460**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #