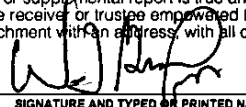


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90221 017 ***150.00

DOCUMENT # P94000047862 1. Entity Name MANGO DEVELOPMENT GROUP, INC.					
Principal Place of Business P.O. BOX 1329 SARASOTA, FL 34230 US			Mailing Address P.O. BOX 1329 SARASOTA, FL 34230 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04012008 Chg-P CR2E034 (12/06)	
4. FEI Number 65-0501958				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGINNESS, W. LEE 1800 SECOND STREET SUITE 971 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRIFFIN, WILLIAM D 1924 S OSPREY AVENUE, SUITE 200 SARASOTA, FL 34239	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SALSER, RANDAL D 1924 S. OSPREY AVENUE -SUITE 200 SARASOTA, FL 34239	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS John Ford Griffin 1924 S. Osprey Ave, Ste 200 Sarasota, FL 34239	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS 	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS 	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS 	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS 	☐ Change ☐ Addition			
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:  William D. Griffin 4/23/2008 (941) 316-6820 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					