


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90021 028 \*\*\*150.00

DOCUMENT # P96000031380  
 1. Entity Name  
**FACILITY DEVELOPMENT CORPORATION**



Principal Place of Business Mailing Address  
**ONE ENTERPRISE WEST SANDERSON, FL 32087 US**  
**14925 STURBNER AIRLINE ROAD STE 307 HOUSTON, TX 77069 US**

00006847

2. Principal Place of Business 3. Mailing Address  
**14925 Stuebner Airline Rd**  
 Suite, Apt. #, etc. **Ste 307**



City & State **Houston. Tx**  
 Zip **77069** Country **US**

01102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

4. FEI Number **58-2287668**  
 Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, BARRY I 14925 STURBNER AIRLINE ROAD STE 307 HOUSTON, TX 77069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TIDHOLM, DAVID 14925 STURBNER AIRLINE ROAD STE 307 HOUSTON, TX 770694200	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, SHARYN 14925 STURBNER AIRLINE ROAD STE 307 HOUSTON, TX 770694200	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>14925 Stuebner Airline Rd, Ste 307</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>14925 Stuebner Airline Rd, Ste 307</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Barry King* Date: *1/20/06* Daytime Phone #: *281-880-5406*