

# **DISCOVERY GOLD CORP**

Reported by  
**SHEARING RALPH EDWARD**

## **FORM 3**

(Initial Statement of Beneficial Ownership)

Filed 05/24/12 for the Period Ending 05/15/12

|             |  |
|-------------|--|
| Address     | 2460 WEST 26TH AVENUE<br>SUITE 380C<br>DENVER, CO, 80211 |
| Telephone   | 855-450-9700   |
| CIK         | 0001492448   |
| Symbol      | DCGD   |
| Fiscal Year | 04/30  |

# FORM 3

**UNITED STATES SECURITIES AND EXCHANGE  
COMMISSION  
Washington, D.C. 20549**

OMB APPROVAL  
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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a)  
of the Public Utility Holding Company Act of 1935 or Section 30(h) of the  
Investment Company Act of 1940

|  |  |  |
|--|--|--|
| 1. Name and Address of Reporting Person *<br><br><b>SHEARING RALPH EDWARD</b><br><br><small>(Last) (First) (Middle)</small><br><br><b>SUITE 250-1090, WEST<br/>GEORGIA STREET</b><br><br><small>(Street)</small><br><br><b>VANCOUVER, A1 VGE3V7</b><br><br><small>(City) (State) (Zip)</small>   | 2. Date of Event Requiring Statement<br>(MM/DD/YYYY)<br><br><b>5/15/2012</b> | 3. Issuer Name <b>and</b> Ticker or Trading Symbol<br><br><b>NORMAN CAY DEVELOPMENT, INC. [NCDL]</b>   |
| 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br><br><input checked="" type="checkbox"/> Director <span style="margin-left: 150px;"><input type="checkbox"/> 10% Owner</span><br><input type="checkbox"/> Officer (give title below) <span style="margin-left: 100px;"><input type="checkbox"/> Other (specify below)</span> |  |  |
| 5. If Amendment, Date Original Filed<br>(MM/DD/YYYY)   |  | 6. Individual or Joint/Group Filing (Check Applicable Line)<br><br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |

### Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security<br>(Instr. 4)    | 2. Amount of Securities Beneficially Owned<br>(Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|---------------------------------------|--|---|--|
| <b>Common Stock, par value \$.001</b> | <b>300000</b>  | <b>I</b>  | <b>Through CMB Investments Ltd.<br/>(1)</b>              |

### Table II - Derivative Securities Beneficially Owned ( e.g. , puts, calls, warrants, options, convertible securities)

| 1. Title of Derivate Security<br>(Instr. 4) | 2. Date Exercisable and Expiration Date<br>(MM/DD/YYYY) |                 | 3. Title and Amount of Securities Underlying Derivative Security<br>(Instr. 4) |                            | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)<br>(Instr. 5) | 6. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|---|---|-----------------|--|----------------------------|--|--|--|
|   | Date Exercisable  | Expiration Date | Title  | Amount or Number of Shares |  |  |  |
|   |   |                 |  |                            |  |  |  |

**Explanation of Responses:**

(1) The reporting person is the sole officer, director and shareholder of CMB Investments, Ltd. The reporting person's beneficial ownership is based upon his 100% interest in CMB Investments, Ltd.

**Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |         |       |
|---|---------------|-----------|---------|-------|
|   | Director      | 10% Owner | Officer | Other |
| <b>SHEARING RALPH EDWARD<br/>SUITE 250-1090, WEST GEORGIA STREET<br/>VANCOUVER, A1 VGE3V7</b> | <b>X</b>      |           |         |       |

## Signatures

/s/ Ralph Shearing

5/24/2012

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.