


**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

06-08-2007 90001 011 \*\*\*158.75

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # F0000002637</b>	
<b>1. Entity Name</b> NEVADA LAND COMPANY, INC.	

<b>Principal Place of Business</b> 125 DAUGHERTY DRIVE, SUITE 400 MONROEVILLE, PA 15146	<b>Mailing Address</b> 125 DAUGHERTY DRIVE, SUITE 400 MONROEVILLE, PA 15146
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40120196



04192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 25-1859697	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

ANDREW SERVICE CORPORATION OF FLORIDA  
 201 N. FRANKLIN ST., STE. 2100  
 TAMPA, FL 33602

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 IN THIS SPACE**

**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 state if applicable. (NOTE: Registered Agent signature required when registering)

<b>FILE NOW!!! FEE IS \$150.00    After May 1, 2007 Fee will be \$550.00</b>	<b>9. Election Campaign Financing    Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be    Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PVST	<b>NAME</b> COSTA, MARY ELLEN
<b>STREET ADDRESS</b>	125 DAUGHERTY DRIVE, SUITE 400
<b>CITY-ST-ZIP</b>	MONROEVILLE, PA 15146
<b>TITLE</b> CD	<b>NAME</b> COSTA, MARY ELLEN
<b>STREET ADDRESS</b>	125 DAUGHERTY DRIVE, SUITE 400
<b>CITY-ST-ZIP</b>	MONROEVILLE, PA 15146
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
 IN THIS SPACE**

**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:** Mary Ellen Costa **Date:** 05/01/2007 **Daytime Phone #:** 412-373-9430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR