2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: Tuture 1. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26, 2006 8:00 am Secretary of State DOCUMENT # F40577 1. Entity Name 04-26-2006 90184 013 ***150.00 RILAND, INC. Principal Place of Business Mailing Address % FREDERICK P. LANDENBERGER, JR 101 N.E. 19TH AVENUE #126B DEERFIELD BEACH FL 33441-1569 % FREDERICK P. LANDENBERGER, JR 101 N.E. 19TH AVENUE #126B DEERFIELD BEACH FL 33441-1569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2118752 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANDENBERGER, FREDERICK P., JR Street Address (P.O. Box Number is Not Acceptable) 101 N.E. 19TH AVENUE #126B DEERFIELD BEACH FL 33441-1569 City 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 Signature, typed or printed name of registered agent and little if applicable DATE (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VΡ TITLE Delete TITLE Change ☐ Addition KAINDL, ALBERT KAINOL, ALBERT NAME NAME 267 SO. FEOGRAL HWY #320-C STREET ADDRESS 2280 EGRET COVE DRIVE STREET ADDRESS DEERFIELD BEACH, FL 83441 CITY-ST-ZIP WEST PALM BEACH FL 33411 CITY-ST-ZIP ☐ Change Addition Delete LANDENBERGER, FREDERICK NAME STREET ADDRESS 101 NE 19TH AVE #126B STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DEERFIELD BEACH, F L. Delete ☐ Change ☐ Addition NAME NAME BUSCHMAN, KATHLEEN STREET ADDRESS STREET ADDRESS 851 SE 4TH AVE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL Defete ☐ Change Addition TETZLAFF, HEIDI STREET ADDRESS 714 SOUTH EAST COAST STREET STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33460-1320 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

FILED

4/14/2006

954-428-2107