


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000046425

1. Entity Name
LANDMARK MANAGEMENT GROUP, INC.



Principal Place of Business 1666 KENNEDY CAUSEWAY #505 NORTH BAY VILLAGE FL 33141 US	Mailing Address 1666 KENNEDY CAUSEWAY #505 NORTH BAY VILLAGE FL 33141 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-1120126	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SALAND, ROBERT F
1666 KENNEDY CAUSEWAY
SUITE 505
NORTH BAY VILLAGE FL 33141**

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 _____

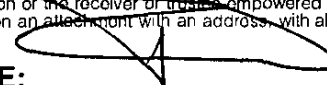
**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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	<p>P <input type="checkbox"/> Delete SALAND, ROBERT F 1666 KENNEDY CAUSEWAY #505 NORTH BAY VILLAGE FL 33141</p> <p>VP <input type="checkbox"/> Delete ROJO, FRANCISCO 1666 KENNEDY CAUSEWAY, #505 NORTH BAY VILLAGE FL 33141</p> <p><input type="checkbox"/> Delete</p> <p><input type="checkbox"/> Delete</p> <p><input type="checkbox"/> Delete</p> <p><input type="checkbox"/> Delete</p>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>000000663725 03/22/07-80015-020 150.00</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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.

SIGNATURE:  **3/8/07** **(305) 538-9442** **EXT. 105**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #