


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 08:00 A
Secretary of State

DOCUMENT # P01000098191 1. Entity Name LAND SAFE INVESTMENTS, INC.	
--	---

Principal Place of Business 1202 SACRAMENTO STREET DELTONA, FL 32725	Mailing Address PO BOX 5838 DELTONA, FL 32728
--	---

DO NOT WRITE IN THIS SPACE



05252007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0661881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PORTA, JOHN A
1390 WEST PORTILLO DR.
DELTONA, FL 32725

DO NOT WRITE 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, if applicable) (Typed Registered Agent signature required when changing)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

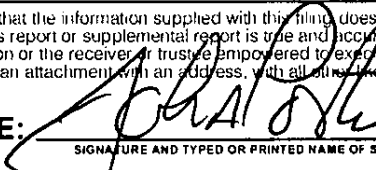
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PORTA, JOHN A 1390 WEST PORTILLO DR. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000765443
06/01/07-80005-013 150.00

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:  **JOHN A PORTA**
 PRESIDENT 05-25-07 (386)574-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR