
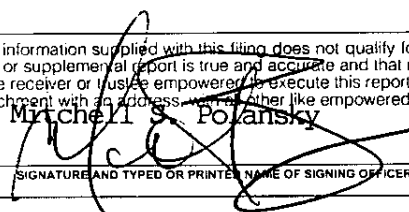


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000053577 1. Entity Name LAND-CELLULAR CORPORATION						FILED 06 MAY -8 PM 1:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12054 MIRAMAR PARKWAY MIRAMAR, FL 33025				Mailing Address 2665 S BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133			
2. Principal Place of Business 1000 North Hiatus Road				3. Mailing Address Suite, Apt. #, etc. Suite 130			
City & State Pembroke Pines, FL				City & State MIAMI, FL			
Zip 33026		Country USA		4. FEI Number 04-3694385		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 POLANSKY, MITCHELL S 2665 S. BAYSHORE DR SUITE 703 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSES, ROBERT W 2665 S BAYSHORE DR #703 MIAMI, FL 33133			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800076202992 06/14/06--01035--006 **1100.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT PANAGAKOS, CHRISTIAN 2665 S BAYSHORE DR #703 MIAMI, FL 33133			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZOKAITES, FRANK 375 GOLFSIDE DRIVE WEXFORD, PA 15090			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D POLANSKY, MITCHELL S 2665 SOUTH BAYSHORE DRIVE #703 MIAMI, FL 33133			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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, name, or other like empowered.							
SIGNATURE: 				4/25/06 (305) 858-9900			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			