

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053047

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: LANDING FINANCIAL GROUP, INC.

**Current Principal Place of Business:**

1679 GARDEN AVENUE  
MELBOURNE, FL 32934

**New Principal Place of Business:**

**Current Mailing Address:**

4708 S. HEMINGWAY CIRCLE  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 72-1564123

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BATES-THOMPSON, MITZI B  
4672 CANARD ROAD  
MELBOURNE, FL 32934 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BATES-THOMPSON, MITZI B  
Address: 4672 CANARD ROAD  
City-St-Zip: MELBOURNE, FL 32934

Title: VD ( ) Delete  
Name: SANDNER, PATRICK W  
Address: 4708 S. HEMINGWAY CIRCLE  
City-St-Zip: MARGATE, FL 33063

Title: STD ( ) Delete  
Name: WARD, KRISTI A  
Address: 4708 S HEMINGWAY CIR  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTI A. WARD

STD

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date