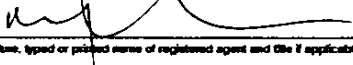
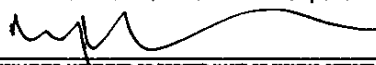


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90028 008 ***150.00

DOCUMENT # P04000071611 1. Entity Name LANDQUEST GROUP, INC.																																																																																																																																			
Principal Place of Business 1592 KENNESAW DR, CLERMONT, FL 34711 US			Mailing Address 1592 KENNESAW DR, CLERMONT, FL 34711 US																																																																																																																																
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																																																																																																																
Suite, Apt. #, etc. LandQuest Group 5401 S Kirkman Rd #310			Suite, Apt. #, etc.																																																																																																																																
City & State Orlando, FL 32819			City & State																																																																																																																																
Zip		Country		Zip																																																																																																																															
Country		Country		4. FEI Number 20-1283652																																																																																																																															
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent MINHAS, MAX 1635 E. HWY 50, SUITE 301 CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name MINHAS, MAX Street Address (P.O. Box Number is Not Acceptable) 1592 KENNESAW DR. City CLERMONT FL Zip Code 34711																																																																																																																															
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 the if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE JAN 22 2008																																																																																																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">P</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">P.</td> <td style="width: 30%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>MINHAS, MAX</td> <td></td> <td>NAME</td> <td>MINHAS, MAX</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1635 E HWY 50 STE 301</td> <td></td> <td>STREET ADDRESS</td> <td>1592 KENNESAW DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLERMONT, FL 34711</td> <td></td> <td>CITY-ST-ZIP</td> <td>CLERMONT, FL 34711</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	P	☐ Delete	TITLE	P.	☒ Change ☐ Addition	NAME	MINHAS, MAX		NAME	MINHAS, MAX		STREET ADDRESS	1635 E HWY 50 STE 301		STREET ADDRESS	1592 KENNESAW DR.		CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	CLERMONT, FL 34711		TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date JAN 22 2008 Daytime Phone #																																																																																																																															