2006 FOR PROFIT CORPORATION

Aug 14, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P92000010419** 08-14-2006 90044 001 ***450.00 A.P. LAND DEVELOPMENT CORP. Mailing Address Principal Place of Business 1401 SOUTH STATE ROAD 7 344 NE 167 ST HOLLYWOOD, FL 33023 MIAMI, FL 33162-2303 06302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0431351 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOTTLIEB, FREDRIC I ESQ DO NOT WRITE 350 E. LAS OLAS BLVD., STE. 1700 FORT LAUDERDALE, FL 33301 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS 10. PD TITLE PETRASSI, ALBERT JR. NAME 1401 SOUTH STATE ROAD 7 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33023 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

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:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED