2006 FOR PROFIT CORPORATIONANNUAL REPORT (AR)

SIGNATURE:

Secretary of State DOCUMENT # 205344 02-17-2006 90082 024 ***150.00 1. Entity Name INTER-AMERICAN FLORIDA LAND CORP. Principal Place of Business Mailing Address 3075 BUCKINGHAMMOCK TRAIL 3075 BUCKINGHAMMOCK TRAIL VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEi Number 59-0967871 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEYER, THOMAS M Street Address (P.O. Box Number is Not Acceptable) 3075 BÚCKINGHAMMOCK TRAIL VERO BEACH FL 32960 Zip Code City 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) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11 てらり Change Addition TITLE TSD Delete TITLE STEYER, HELEN S. 1070 GREEN STREET-Apt.203. NAME STEYER, HELEN NAME STREET ADDRESS STREET ADDRESS 1070 GREEN STREET APT 208 CITY-ST-ZIP SAN FRANCISCO, CA.94133 CITY-ST-ZIP SAN FRANCISCO CA 94133 Delete TITLE PD TITLE Change ☐ Addition NAMÉ NAME STEYER, THOMAS STREET ADDRESS 3075 BUCKINGHAMMOCK TRAIL STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960-4968 CITY-ST-ZIP ☐ Addition TITLE ☐ Detete TJT) F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Defete Change ☐ Addition TITLE FIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the empowered.

D2.05.2006

FILED

Feb 17, 2006 8:00 am