## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 450245** 

Address:

City-St-Zip:

949 WHIPPORWILL BLVD.

WEST PALM BEACH, FL 33411

FILED Jul 17, 2006 Secretary of State

Entity Nar	ne: LANDAR	AMA REALTY, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	TH 57TH AVEI RTH, FL 3346	NUE, SUITE 101 3 US			
Current Mailing Address:			New Mailing Address:		
	TH 57TH AVEI RTH, FL 3346	NUE, SUITE 101 3 US			
FEI Number:	22-2049954	FEI Number Applied For ( )	FEI Number Not Appl	licable ( ) Certificate of Status Desired (	)
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
FLATOW, 3546 S. OC PALM BEA	JERRY CEAN BLVD AI CH, FL 33480	PT. 623 ) US			
The above in the State		submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or	both,
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MESCHES, LAF	IAN AVE. S., STE. G	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	FLATOW, JERF	I BLVD APT. 623	Title: Name: Address: City-St-Zip:	VPSD (X) Change ( ) Addition FLATOW, JERRY 3546 S. OCEAN BLVD APT. 623 PALM BEACH, FL 33480	
Title: Name: Address: City-St-Zip:	NOONAN, DENI	ALIAN AVE., #400	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STD (X) ADAMS, ALLEN 10379 150TH C JUPITER, FL 3	OURT N.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	PD () HINTZ, RALPH	Delete	Title: Name:	PTD (X) Change ( ) Addition HINTZ, RALPH	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

949 WHIPPORWILL BLVD.

WEST PALM BEACH, FL 33411

SIGNATURE: RALPH R HINTZ P 07/17/2006