


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # 504238 | |  |
| 1. Entity Name THE LANDIS GROUP INCORPORATED | | |
| Principal Place of Business 4800 RIVERSIDE DR. PALM BEACH GARDENS, FL 33410 | Mailing Address 4800 RIVERSIDE DR. BLDG. 500 A PALM BEACH GARDENS, FL 33410 | |



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-1671631 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | |
|---|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent LANDIS, STEPHEN 4800 RIVERSIDE DR. STE 200 PALM BEACH GARDENS, FL 33410 | | DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000902844 04/30/08-80022-009 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT LANDIS, STEPHEN 19923 WILKINSON LEAS RD TEQUESTA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MP POSTEN, ROBERT 7954 FAIRWAY LANE WEST PALM BEACH, FL 33412 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V COLESON, CHARLES K 4800 RIVERSIDE DR PALM BEACH GARDENS, FL 33410 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:  | 4/14/08 | 561-630-9500 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |