2006 FOR PROFIT CORPORATION

Apr 17, 2006 8:00 am Secretary of State ANNUAL REPORT 04-17-2006 90694 001 ***450.00 **DOCUMENT # F05000003464** Entity Name LANDACORP, INC. Principal Place of Business Mailing Address 11405 BLUEGRASS PARKWAY 11405 BLUEGRASS PARKWAY 66010532 LOUISVILLE, KY 40299 LOUISVILLE, KY 40299 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 94-3346710 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 NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President - Director RISHABH MEHROTRA CP Delete TITLE Change Addition TITLE NELSON, DAVID A NAME 11405 Bluegrass Parkway 11405 BLUEGRASS PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40299 CITY-ST-ZIP Delete TITLE TITLE Change Addition RYLAND, MERLE A NAME NAME 11405 BLUEGRASS PARKWAY STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP LOUISVILLE, KY 40299 CITY+ST-ZIP DS ☐ Delete TITLE ☐ Change Addition TITLE HAICK, DAVID P NAME NAME STREET ADDRESS 11405 BLUEGRASS PARKWAY STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40299 CITY-ST-7iP ☐ Delete TITLE 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

12. Thereby 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

☐ Delete

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TITLE

STREET ADDRESS

CITY-ST-7IP

ING OFFICER OR DIRECTOR

4/11/06

☐ Addition

☐ Chance

FILED