

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000816

Entity Name: LALANDIA INCORPORATED

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

2575 NW 49 ST
BOCA RATON, FL 334342528 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 812433
BOCA RATON, FL 334812433 US

New Mailing Address:

FEI Number: 06-1345266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRISTIANSEN, ROBERT
2575 NW 49 ST
BOCA RATON, FL 334342528 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SORENSEN, PETER H
Address: 2575 NW 49TH STREET
City-St-Zip: BOCA RATON, FL 33434

Title: C () Delete
Name: KRISTIANSEN, EGIL A
Address: 88 MYANOS ROAD
City-St-Zip: NEW CANAAN, CT 06840

Title: SD () Delete
Name: KRISTIANSEN, ROBERT K
Address: 978 SW 1ST STREET
City-St-Zip: BOCA RATON, FL 33486

Title: T () Delete
Name: SORENSEN, GEORGINA
Address: 2575 NW 49TH STREET
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: PETER SORENSEN

PD

02/24/2009

Electronic Signature of Signing Officer or Director

Date