2005 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

May 02, 2005 08:00 AM Secretary of State DOCUMENT # F98000002787 LAND SEA ISLAND GROUP LTD., INC. Principal Place of Business Mailing Address 550 N. CLAYTON ST P.O. BOX 2203 LAWRENCEVILLE, GA 30045 LAWRENCEVILLE, GA 30046 No Chg-P CR2E034 (10/03) 04202005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2147495 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LITTLE, TOM DO NOT WRITE 2715 LUNA ST. PUNTA GORDA, FL 33950 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LITTLE, ANGELA E 550 N CLAYTON STREET STREET ADDRESS U00000356836 05/04/05-80051-004 150.00 CITY-ST-ZIP LAWRENCEVILLE, GA TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE. NAME STREET ADDRESS DO NOT WRITE CITY-ST-7P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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 any address, with all other like empowers.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED