2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # G45618

1. Entity Name LANDIS MORTGAGE FINANCING, INC.



FILED Mar 13, 2006 08:00 AM Secretary of State

Principal Place of Susiness

3363 SHERIDAN ST

STE #205 HOLLYWOOD, FL 33021 Mailing Address

1430 SHERIDAN ST., #G1 HOLLYWOOD, FL 33020



03092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2316200

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulad

6. Name and Address of Current Registered Agent

LANDIS, MARCIA 1430 SHERIDAN ST., #G1 HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

| HOLLYWOOD, FL 33020 | | | IN THIS SPACE | |
|--|---|--|---|---|
| | named entity submits this statement for the plons of registered agent. | urpose of changing its registered office or | registered agent, or bot | h, in the State of Florida. I am familiar with, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title if | applicable (NOTE. Registered Agent signature) | ire required when reinstating) | · · CATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| 10. HILE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECT DPTS LANDIS, MARCIA 3363 SHERIDAN ST STE 205 HOLLYWOOD, FL 33021 | TORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BIGBIE, CINDY 1430 SHERIDAN ST., #G1 HOLLYWOOD, FL 33020 | | | U00000465486 03/23 /06 00012- U 18 158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN 7 | THIS SPACE |
| title Name Street address City-St-Zip | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZDP | | | | |
| 12. I hereby of indicated | entity that the information supplied with this fill on this report or supplemental report is true a | ing does not qualify for the exemptions or nd accurate and that my signature shall he | ontained in Chapter 119 ave the same legal effec | Florida Statutes. I further certify that the information tas if made under eath; that I am an officer or director |

12. Thereby certify that the information supplied with this filling does not quality 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 eath, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06

954-921-6600