2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# H90287

Entity Name: MAR-LAND MANAGEMENT, INC.

Current Principal Place of Business:

25191 OLYMPIA AVE.
C/O RYLAND LOVETT
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

25191 OLYMPIA AVE.
C/O RYLAND LOVETT
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 59-2617764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVETT, RYLAND.
4900 RIVERSIDE DR.
PUNTA GORDA, FL 33982 US

Name and Address of New Registered Agent:

LOVETT, RYLAND
5270 WHITE IBIS DR
NORTH PORT, FL 34287 US

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: RYLAND LOVETT 02/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOVETT, RYLAND,
Address: 4900 RIVERSIDE DRIVE
City-St-Zip: PUNTA GORDA, FL

Title: VST ( ) Delete
Name: LOVETT, MARCIA,
Address: 4900 RIVERSIDE DRIVE
City-St-Zip: PUNTA GORDA, FL

Title: D ( ) Delete
Name: LOVETT, MARICA,
Address: 4900 RIVERSIDE DRIVE
City-St-Zip: PUNTA GORDA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOVETT, RYLAND
Address: 5270 WHITE IBIS DR
City-St-Zip: NORTH PORT, FL 34287

Title: VST (X) Change ( ) Addition
Name: LOVETT, MARCIA
Address: 52701 WHITE IBIS DR
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change ( ) Addition
Name: LOVETT, MARCIA
Address: 5270 WHITE IBIS DR
City-St-Zip: NORTH PORT, FL 34287

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: RYLAND LOVETT PD 02/24/2009
Electronic Signature of Signing Officer or Director Date