## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 07, 2006 08:00 AM Secretary of State DOCUMENT # J34717 1. Entity Name DIETZ & DIETZ LAND SURVEYORS, INC. Mailing Address Principal Place of Business 5781 WEST SUNRISE BLVD. 5781 WEST SUNRISE BLVD. PLANTATION, FL 33313 PLANTATION, FL 33313 CR2E034 (11/05) No Chg-P 03292006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2723730 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIETZ, ROGER J. DO NOT WRITE 5781 WEST SUNRISE BLVD. PLANTATION, FL 33313 IN THIS SPACE 5. 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 farminar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title it applicable. INOTE: Recistered Apent signature required when rainstating) Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. Tati F DIETZ, ROGER J NAME 5761 WEST SUNRISE BLVD. STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33313 TITLE U00000496491 NAME 04/22/06-80015-011 150.00 STREET ADDRESS CKTY-ST-ZW THIE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS 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 reporties 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

> ED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR SUNATURA AND TY

**FILED**