, 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J60347

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LAND & BUILDINGS INVESTMENT, INC.



Principal Place of Business

4725 N.E. 11TH AVENUE FORT LAUDERDALE, FL 33334-3900 Mailing Address

4725 N.E. 11TH AVENUE

FORT LAUDERDALE, FL 33334-3900 US

FILED May 02, 2007 08:00 AM Secretary of State



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6. Name and Address of Current Registered Agent

CR2E034 (11/05) 04202007 No Chg-P 4. FEI Number 59-2667019 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

TRICK, WILLIAM WATSON, JR. 1216 E ATLANTIC BLVD POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE

			<u> Sectorikin</u>		
8. The above the obligat	named entity submits this statement for the p ions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or both	i, in the State of Florida. I am famillar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	***		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GULDSTRAND, INGVAR G 4725 N.E. 11TH AVENUE FORT LAUDERDALE, FL 333343900				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANDERSON, E J 4725 N.E. 11TH AVENUE FORT LAUDERDALE, FL 333343900				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRICK, WILLIAM W JR 1216 E. ATLANTIC BLVD STE 7 POMPANO BEACH, FL 33082				NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Flouria Statutes I further certify that the information

mereby certify that the information supplied with this filling does not qualify 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:

EilJiaAnderSonck.

954-938-1547

Daytime Phone #