


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L97000001007 1. Entity Name VELAND L.C.		
Principal Place of Business 2106 BISPHAM ROAD, SUITE B SARASOTA, FL 34231		Mailing Address 2106 BISPHAM ROAD, SUITE B SARASOTA, FL 34231
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LPS CORPORATE SVCS BLVD 46 NORTH WASHINGTON BOULEVARD, SUITE 1 SARASOTA, FL 34236		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 1071606 ONTARIO INC. 253 ROBINA ROAD ANCASTER, ONTARIO, CANADA,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BALSALM L. CORPORATION 95 ST. CLAIR AVENUE W., #1605 TORONTO, ONTARIO, CANADA,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ENDIANG HOLDINGS, INC 158 WARRON ROAD TORONTO, ONTARIO, CA	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SANVIN, INC. 46 NO. WASHINGTON BLVD., #1 SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM K.G.C. LTD. 8 KING STREET E., #1400 TORONTO, ONT., CANADA,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.		
SIGNATURE: <u>Chew E. Lowe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<u>1/18/06</u> <small>Date</small> <u>941 924 8786</u> <small>Daytime Phone #</small>



01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0807495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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01/25/06 80025 012 50.00

**DO NOT WRITE
IN THIS SPACE**