## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # M34890

1. Entity Name
LANDTECH DATA CORPORATION



Principal Place of Business

C/O WYATT BELL 1402 ROYAL PALM BCH BLVD, BLDG 200 ROYAL PALM BEACH, FL 33411 US Mailing Address

C/O WYATT BELL

1402 ROYAL PALM BCH BLVD, BLDG 200 ROYAL PALM BEACH, FL 33411 US

## FILED Apr 19, 2006 8:00 am Secretary of State

04-19-2006 90103 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

03282006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2737594

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, WYATT 1402 ROYAL PALM BEACH BLVD BUILDING #200 ROYAL PALM BEACH, FL 33411

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOWIJI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS	· · · · ·		
TITLE	PD				
NAME	BELL, WYATT				
STREET ADDRESS	1402 ROYAL PALM BEACH BLVD, #200				
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411				
TITLE	, , , , , , , , , , , , , , , , , , , ,				
NAME					
STREET ADDRESS					
CITY-\$T-ZIP					
TITLE					
NAME					
STREET ADDRESS				D0	NOT MOTE
CITY-ST-ZIP				טע	NOT WRITE
TITLE				INI '	THIS SPACE
NAME				11.4	I MIS SPACE
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP			ŀ		
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12   hereby certify that the information symplicid with this filling does not qualify for the exemptions contained in Chapter 119 Elevida Statutes. Unitary portify that the information					

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

12. 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 or supplemental report is 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: 5

WYATT BELL
KRATURE AND TYPED OR PRINTED NAME OF SECURING OFFICER OR DIRECTO

4-21-06

561-790-1265