2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N03000000311

Entity Name: UNITED LAND ALLIANCE, INC.

Current Principal Place of Business:

1859 NORTHGATE BLVD
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

1859 NORTHGATE BLVD
SARASOTA, FL 34234

New Mailing Address:

1180 52ND ST
SARASOTA, FL 34234

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, LONNIE JR.
1859 NORTHGATE BLVD
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

WARD, LONNIE JR.
1180 52ND ST
SARASOTA, FL 34234 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: _____ 04/30/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: WARD, LONNIE JR.
Address: 1859 NORTHGATE BLVD
City-St-Zip: SARASOTA, FL 34234

Title: D ( ) Delete
Name: ELLIS, CHERYL
Address: 1859 NORTHGATE BLVD
City-St-Zip: SARASOTA, FL 34234

Title: D ( ) Delete
Name: TROUPE, DARLENE
Address: 1859 NORTHGATE BLVD
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: WARD, LONNIE JR.
Address: 1180 52ND ST
City-St-Zip: SARASOTA, FL 34234

Title: D (X) Change ( ) Addition
Name: ELLIS, CHERYL
Address: 1180 52ND ST
City-St-Zip: SARASOTA, FL 34234

Title: D (X) Change ( ) Addition
Name: TROUPE, DARLENE
Address: 1180 52ND ST
City-St-Zip: SARASOTA, FL 34234

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LONNIE WARD, JR P/S 04/30/2004
Electronic Signature of Signing Officer or Director — Date