2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003676

FILED Apr 19, 2005 Secretary of State

Entity Name: FLORIDA LAND TRUST NETWORK, INC. **Current Principal Place of Business: New Principal Place of Business:** 1129 ALAMANDA LN STUART, FL 349963619 **Current Mailing Address: New Mailing Address:** 1129 ALAMANDA LN STUART, FL 349963619 FEI Number: 03-0505049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUDORE, GAIL M 1129 ALAMANDA LN STUART, FL 349963619 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete SUDORE, GAIL Name: Name: Address: 1129 ALAMANDA LN Address: City-St-Zip: STUART, FL 349963619 City-St-Zip: Title: DS Title: () Delete () Change () Addition Name: QUIGLEY, JILL Name: Address: 3361 SE INLET HARBOR TERR Address: City-St-Zip: STUART, FL 34996 City-St-Zip: Title: () Delete Title: () Change () Addition SUNDSTROM, JUDITH Name: Name: 724 SE MICHAELS CT Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip:

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: GAIL M. SUDORE DP 04/19/2005