

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003676

FILED
May 01, 2006
Secretary of State

Entity Name: FLORIDA LAND TRUST NETWORK, INC.

Current Principal Place of Business:

1129 ALAMANDA LN
STUART, FL 349963619

New Principal Place of Business:

1199 EDITION DR.
BEAVERCREEK,, OH 45434 US

Current Mailing Address:

1129 ALAMANDA LN
STUART, FL 349963619

New Mailing Address:

1199 EDITION DR.
BEAVERCREEK, OH 4534 US

FEI Number: 03-0505049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SUDORE, GAIL M
1129 ALAMANDA LN
STUART, FL 349963619 US

Name and Address of New Registered Agent:

SUDORE, GAIL M
1199 EDITION DR.
BEAVERCREEK, OHIO, FL 4534 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: GAIL M. SUDORE

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SUDORE, GAIL
Address: 1129 ALAMANDA LN
City-St-Zip: STUART, FL 349963619

Title: DS () Delete
Name: QUIGLEY, JILL
Address: 3361 SE INLET HARBOR TERR
City-St-Zip: STUART, FL 34996

Title: DT () Delete
Name: SUNDSTROM, JUDITH
Address: 724 SE MICHAELS CT
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SUDORE, GAIL
Address: 1199 EDITION DR.
City-St-Zip: BEAVERCREEK, OH 45434

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date