

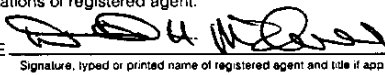
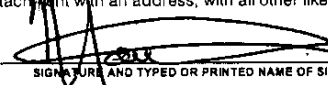


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90345 044 ***150.00

DOCUMENT # P00000002962					
1. Entity Name LANDSPORT CORPORATION					
Principal Place of Business 12748 HUNT CLUB RD N JACKSONVILLE, FL 32224			Mailing Address 12748 HUNT CLUB RD N JACKSONVILLE, FL 32224		
2. Principal Place of Business 14286-19 Beach Blvd.		3. Mailing Address 4745 Sutton Park Court		 04192006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc. # 340		Suite, Apt. #, etc. # 103			
City & State Jacksonville FL		City & State Jacksonville FL			
Zip 32250		Zip 32224			
Country USA		Country USA		4. FEI Number 59-3623977	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ADAMS, MATT A 12748 HUNT CLUB RD N JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent Name McQuaig, David H. Street Address (P.O. Box Number is Not Acceptable) 4745 Sutton Park Court Suite 103 City Jacksonville FL Zip Code 32224		
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  David H. McQuaig, Attorney 4/21/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Test Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ADAMS, MATTHEW 12748 HUNT CLUB RD N JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ADAMS, MATTHEW 14286-19 Beach Blvd, # 340 JACKSONVILLE FL 32250
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  PRES. Matt A. Adams 4/21/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					