2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096921

Entity Name: LANDFINDERS SERVICES, INC.

FILED Apr 07, 2008 Secretary of State

Current P	rincipal Plac	e of Business:	New Prince	New Principal Place of Business:			
6860 GULI # 281	FPORT BOUL	EVARD					
	ASEDENA, FL	. 33707					
Current M	lailing Addre	ss:	New Maili	New Mailing Address:			
	FICE BOX 171 ATER, FL 337						
FEI Number:	: 59-3675952	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:		
343 ALME	& UTRERA, P RIA AVENUE ABLES, FL 33						
	named entity e of Florida.	submits this statement for the	purpose of changing	its registered	I office or registered agent, or both,		
SIGNATU							
	Electro	nic Signature of Registered Aç	gent		Date		
Election Car	mpaign Financir	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	EDWARDS, C 2925 47TH AV		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	SCOTT-KELLE 2925 47TH AV) Delete EY, ADRIENNE ENUE SOUTH SBURG, FL 33712	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	HAYES, SHIRI 2925 47TH AV		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	COSTON, STA 2925 47TH AV		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	SMITH, TASHA 2925 47TH AV		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	HAYES, ALICI 2917 47TH AV		Title: Name: Address: City-St-Zip:	HAYES, ALIC 2917 47TH A	(X) Change()Addition DIA N WENUE SOUTH RSBURG, FL 33712		
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I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT-KELLY, ADRIENNE VP 04/07/2008