2007 FOR PROFIT CORPORATION

Apr 04, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P01000003988 KERI LAND SURVEYING, INC. Principal Place of Business Mailing Address 1840 N. PINE ISLAND RD. 1840 N. PINE ISLAND RD. PLANTATION, FL. 33322 PLANTATION, FL 33322 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1098917 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent KERI, JAY DO NOT WRITE 13424 N.W. 6 DRIVE PLANTATION, FL 33325 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NQTE Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE KERI, JAY NAME 13424 N.W. 6 DRIVE STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33325 U00000689594 04/11/07-80040-020 150.00 TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 cath; 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-473-8010

FILED