

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039868

Entity Name: OTHERLAND GROUP INC.

FILED
Mar 10, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 689
SHARPES, FL 32959

New Principal Place of Business:

4135 INDIAN RIVER DRIVE
COCOA, FL 32927

Current Mailing Address:

P.O. BOX 689
SHARPES, FL 32959

New Mailing Address:

FEI Number: 65-1103371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, WILLIAM P III
P.O. BOX 689
SHARPES, FL 32959 US

Name and Address of New Registered Agent:

DAVIS, WILLIAM P III
4135 INDIAN RIVER DRIVE
COCOA, FL 32927 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: WILLIAM P DAVIS III

03/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: DAVIS, WILLIAM P III
Address: P.O. BOX 689
City-St-Zip: SHARPES, FL 32959

Title: P () Delete
Name: DAVIS, CHRISTINE A
Address: P.O. BOX 689
City-St-Zip: SHARPES, FL 32959

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM P. DAVIS III

V

03/10/2007

Electronic Signature of Signing Officer or Director

Date