
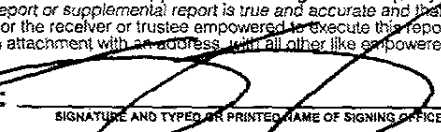


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000080499</b> 1. Entity Name <b>AUGUST LAND CORPORATION</b>		
Principal Place of Business <b>5828 OLD WINTER GARDEN RD ORLANDO, FL 32835</b>	Mailing Address <b>5828 OLD WINTER GARDEN RD ORLANDO, FL 32835</b>	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  <b>JOHNSON, WILLIAM A 21 SUNTREE PL STE 100 MELBOURNE, FL 32940</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <b>GUZZI, JOSEPH 5828 OLD WINTER GARDEN ROAD ORLANDO, FL 32835</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>GUZZI, CATHERINE 5828 OLD WINTER GARDEN ROAD ORLANDO, FL 32835</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
<b>SIGNATURE:</b> 		<b>Joseph Guzzi</b> 3/12/07 (407) 296-9959 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3739392</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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03/27/07-80119-004 150.00