FILED 2004 FOR PROFIT CORPORATION Jul 02, 2004 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # P01000081503 B & H LAND HOLDINGS, INC. Principal Place of Business Mailing Address 1127 POINSETTIA DRIVE 1127 POINSETTIA DRIVE DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444 07012004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1148002 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OSTROW, JEFFREY M ESQ. DO NOT WRITE GELCH, TAYLOR GIULANTI KOPELOWITZ PA 350 E. LAS OLAS BLVD., SUITE 1440 IN THIS SPACE FORT LAUDERDALE, FL 33301 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. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS TITLE NAME CUTLER, BRUCE STREET ADDRESS 1127 POINSETTIA DRIVE 1100000163084 CITY-ST-ZIP DELRAY BEACH, FL 33444 07/02/04-80003-019 150.00 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental people is true and accurate 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 truefee 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:

CITY+ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

104

561-330-3737

Daytime Phone #