

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118903

FILED  
Apr 23, 2006  
Secretary of State

Entity Name: LANDEN, WELLS & ASSOCIATES, INC.

**Current Principal Place of Business:**

158 LOST BRIDGE DR  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

158 LOST BRIDGE DR  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 60-0000079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCDONALD, MARSHALL III  
1070 EAST INDIANTOWN RD., STE. 312  
JUPITER, FL 33477 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: LANDEN, GAYLE A  
Address: 158 LOST BRIDGE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: GAYLE A. LANDEN

PRES

04/23/2006

Electronic Signature of Signing Officer or Director

Date