2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P02000081010 1. Entity Name 04-05-2004 90392 041 ***150.00 LANDFALL MARKETING, INC. Principal Place of Business Mailing Address 210 3RD STREET WEST 210 3RD STREET WEST #4101 BRADENTON-FI-34205 **BRADENTON FL 34205** 3. Mailing Address 2. Principal Place of Business MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 32-0024553 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THORNTON, CONSTANCE Street Address (P.O. Box Number is Not Acceptable) 210 3RD STREET WEST #4101 **BRADENTON FL 34205** 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Defete ☐ Addition NAME THORNTON, CONSTANCE NAME 210 3RD STREET WEST #4101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP TITI F TITLE ☐ Delete ☐ Change ☐ Addition NAME CARR, GRANT A NAME STREET ADDRESS 2344 N WOLFSNARE DR STREET ADDRESS VIRGINIA BCH VA 23454 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 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

FILED