2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089555

Entity Name: LAND INVESTMENT CORPORATION

FILED May 01, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:				
Guilenti	illicipai riace	or Business.	Hew Fillio	ipai riace oi	Dusiliess.		
	CASIN TRAIL I W, FL 33569	DR. US					
Current Mailing Address:			New Mailing Address:				
	CASIN TRAIL I W, FL 33569	DR. US					
FEI Number:	: 37-1439360	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Des	ired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	N, BRIAN CASIN TRAIL I W, FL 33569	DR. US					
	named entity see of Florida.	submits this statement for the	purpose of changing i	ts registered o	ffice or registered ager	nt, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Ag	jent		Date		
		8(2)(b), F.S., the corporation did r	not receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () BARGREN, BRI 8107 MOCCASI RIVERVIEW, FL	NTR	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP () BARGREN, STA 8107 MOCCAS RIVERVIEW, FI	IN TRAIL DR.		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRIAN BARGREN PD 05/01/2005