
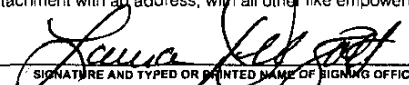


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90411 042 ***150.00

DOCUMENT # P02000124764 1. Entity Name MERIDIAN LAND HOLDINGS, INC.					
Principal Place of Business 4405 W. HWY 40 OCALA, FL 34482			Mailing Address 4405 W. HWY 40 OCALA, FL 34482		
2. Principal Place of Business 4575 W. Highway 40 Suite, Apt. #, etc.		3. Mailing Address 4575 W Highway 40 Suite, Apt. #, etc.			
City & State Ocala FL		City & State Ocala, FL		4. FEI Number 11-3674584	
Zip 34482		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTIZ, GEORGE 1515 E. SILVER SPRINGS BLVD. SUITE 128 OCALA, FL 34470			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DEL ZOTTO, LAURA 4405 W. HWY 40 OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY - ST - ZIP	4575 W. Hwy 40	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS DEL ZOTTO, LAURA 4405 W. HWY 40 OCALA, FL 34470		TITLE NAME STREET ADDRESS CITY - ST - ZIP	4575 W. Highway 40	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DEL ZOTTO, LAURA 4405 W. HWY 40 OCALA, FL 34470		TITLE NAME STREET ADDRESS CITY - ST - ZIP	4575 W Highway 40	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 			4/20/06 352-351-3834		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		