2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011716

Entity Name: SASSENACH LAND CORPORATION, INC.

FILED Apr 06, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
--	-----------------------------

1550 MADRUGA AVE., #301 179 N. 9TH STREET

CORAL GABLES, FL 33146 DEFUNIAK SPRINGS, FL 33433

Current Mailing Address: New Mailing Address:

1550 MADRUGA AVE., #301 P.O. BOX 1368

CORAL GABLES, FL 33146 DEFUNIAK SPRINGS, FL 32433

FEI Number: 13-4237450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KOZLOWSKI, KATHE ESQ KOZLOWSKI, KATHE ESQ. 179 N. 9TH STREET

1550 MADRUGA AVE., STE. 301 CORAL GABLES, FL 33146 L DEFUNIAK SPRINGS, FL 32433 US

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: 04/06/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition KOZLOWSKI, FRANK A KOZLOWSKI, FRANK A Name: Name: 9201 PICOT CT. 1677 THISTLE LANE Address: Address:

City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: PONCE DE LEON, FL 32455

Title: Title: (X) Change () Addition () Delete KOZLOWSKI, KATHY KOZLOWSKI, KATHE Name: Name:

9201 PICOT CT. Address: 1677 THISTLE LANE Address: BOYNTON BEACH, FL 33437 PONCE DE LEON, FL 32455 City-St-Zip: City-St-Zip:

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 Statutés. 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: KATHE KOZLOWSKI 04/06/2005 D