2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021502

Entity Name: SOFALAND, INC.

FILED Apr 07, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4815 W. COLONIAL DRIVE ORLANDO, FL 32808

Current Mailing Address: New Mailing Address:

4815 W. COLONIAL DRIVE 2345 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32808 KISSIMMEE, FL 34744

FEI Number: 59-2907366 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:

WOODALL, W. BEN 2345 NORTH MAIL STREET KISSIMMEE, FL 34744 US WOODALL, WILLIAM B III 2345 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744 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: WILLIAM B WOODALL, III 04/07/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: C (X) Change () Addition Name: WOODALL, W. BEN Name: WOODALL, WILLIAM B III

Address: 2345 NORTH MAIN STREET Address: 2345 NORTH ORANGE BLOSSOM TRAIL

City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: KISSIMMEE, FL 34744

Title: () Delete Title: P () Change (X) Addition

Name: Name: BYRD, MELVIN L

Address: Address: 2345 N ORANGE BLOSSOM TRAIL

City-St-Zip: City-St-Zip: KISSIMMEE, FL 34744

Title: () Delete Title: VP () Change (X) Addition

Name: WOODALL, MONICA R

Address: Address: 2345 N ORANGE BLOSSOM TRAIL

City-St-Zip: City-St-Zip: KISSIMMEE, FL 34744

Title: () Delete Title: ST () Change (X) Addition Name: WOODALL, MONICA R

Name: WOODALL, MONICA R
Address: Address: 2345 N ORANGE BLOSSOM TRAIL

City-St-Zip: City-St-Zip: KISSIMMEE, FL 34744

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: WILLIAM B WOODALL,III C 04/07/2005