2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 13, 2006 08:00 AM DOCUMENT # P03000042510 **Secretary of State** 1. Entity Name AG LAND MANAGEMENT, INC. Principal Place of Business Mailing Address 32946 TYNDALL RD 32946 TYNDALL RD ZEPHYRHILLS, FL 33544 ZEPHYRHILLS, FL 33544 CR2E034 (11/05) 01092006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 02-0687289 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PLAZEWSKI, WALTER T DO NOT WRITE 32946 TYNDALL RD ZEPHYRHILLS, FL 33544 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (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 \$5.00 May Be Trust Fund Contribution. . Added to Fees OFFICERS AND DIRECTORS 10. D TITLE PLAZEWSKI, WALTER T NAME U00000385852 01/18/06-80030-013 150.00 STREET ADDRESS 32946 TYNDALL RD ZEPHYRHILLS, FL 33544 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 cath, 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:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

IN THIS SPACE

Daytime Phone #