2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 11, 2008 8:00 am Secretary of State DOCUMENT # P03000081796 1. Potity Name 03-11-2008 90022 007 ***150.00 PROMISE LAND MANAGEMENT CORP. Pencipal Place of Business Mailing Address 13750 W. COLONIAL DRIVE, STE 350-401 WINTER GARDEN FL 34787 13750 W. COLONIAL DRIVE, STE 350-401 WINTER GARDEN FL 34787 2. Principal Place of Business - No P.O. Box # 3. Mailing Address PROMISE LAND MANAGEMENT CORP. Suite, ACarl J. Braunagel, President Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 2625 South Anica Lane Cottonwood, Arizona 86326 City & State Applied For City (407) 702-7381 EIN: 20-0130389 4. FEI Number 20-0130389 Not Applicable Ζιρ Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRAUNAGEL, CARL J Street Address (P.O. Box Number is Not Acceptable) 13750 W. COLONIAL DRIVE STE 350-401 WINTER GARDEN FL 34787 Zio Code 8. The above named entity symmits 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 register SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PROMISE LAND MANAGEMENT CORP Mange TITLE Delete TITLE ☐ Addition Carl J. Braunagel, President NAME BRAUNAGEL, CARL J NAME 2625 South Anica Lane STREET ADDRESS 2625 SOUTH ANICA LANE STREET ADDRESS Cottonwood, Arizona 86326 CITY-ST-ZIP COTTONWOOD AZ 88326 CITY-ST-7IP (407) 702-7361 EIN: 20-0130389 TITLE ☐ Delete TITLE ☐ Change Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CITY-ST-ZIP nne Defete THLE ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP Delete TITLE ☐ Change Addition MAME MAME STREET ADDRESS STREET ADDRESS CHY-SI-719 CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CHY-\$1-ZIP CITY-SE-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

indicated on this report or suppliemental 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 officers, principle of the empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Dissanza Phone #