

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90075 022 \*\*\*150.00

<b>DOCUMENT # P03000084674</b> 1. Entity Name <b>LIBERTY LAND GROUP INC.</b>																																																																																																															
Principal Place of Business <b>1807 SW MACEDO BLVD PORT ST LUCIE, FL 34984</b>		Mailing Address <b>2404 NW 49TH LANE BOCA RATON, FL 33431</b>																																																																																																													
2. Principal Place of Business <b>585 SW BILTMORE ST</b>		3. Mailing Address Suite, Apt. #, etc.																																																																																																													
City & State <b>Port St Lucie FL</b>		City & State Suite, Apt. #, etc.																																																																																																													
Zip <b>34983</b>	Country <b>USA</b>	Zip Country	Country																																																																																																												
4. FEI Number <b>04-3768818</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent  <b>JAMES, DOVAS A PRES 2404 NW 49TH LANE BOCA RATON, FL, FL 33431</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and (b) if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																													
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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.																																																																																																															
<b>SIGNATURE:</b> _____ <b>4/10/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																															