

08-29-2006 9:06:10 AM ***150.00
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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000097442
1. Entity Name
NEW LANDFALL INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 409 s. old Dixie HWY Suite, Apt. #, etc.	3. Mailing Address PO BOX 1117 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State LADY LAKE, FL	City & State LADY LAKE, FL.	4. FEI Number 13-4264761	Applied For <input type="checkbox"/> Not Applicable
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Zip 32159	Country	Zip 32158-1117	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name D. ROBERTS	
Street Address (P.O. Box Number is Not Acceptable) 409 S OLD DIXIE HWY	
City LADY LAKE	Zip Code 32159

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D. ROBERTS 409 S OLD DIXIE HWY LADY LAKE, FL. 32159
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: D. Roberts, Dir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 8/23/06 Daytime Phone #: 352-763-5900 CPA

NEW LANDFALL, INC.
P.O. Box 1117
Lady Lake, Fl. 32158-1117

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September 21, 2006

Florida Department Of State
P.O. Box 6327
Tallahassee, Fl. 32314-6327

Subject: ANNUAL UNIFORM BUSINESS REPORT, DOC# P03000097442

CERTIFIED MAILING # 7005 1820 0005 1501 3868

Dear Sir or Madam:

I never received prior notice of renewal and was unaware of being late filed until I received your notice of termination.

I would have paid the fee when due if given sufficient notice. I would appreciate it if you would abate the penalty and accept the \$150.00 payment already filed with the UBR report as payment in full, and not dissolve New Landfall, Inc.

Respectfully,

D. Roberts

D. Roberts, President, Director and Registered Agent