

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122396

FILED  
Jun 25, 2007  
Secretary of State

Entity Name: LAND AMERICA INSURANCE SERVICES, INC.

## Current Principal Place of Business:

224 DATURA STREET #515  
W PALM BEACH, FL 33401

## New Principal Place of Business:

## Current Mailing Address:

224 DATURA STREET  
515  
WEST PALM BEACH, FL 33401

## New Mailing Address:

FEI Number: 56-2438697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MIDDLETON, JEAN MARIE ESQ.  
224 DATURA STREET  
515  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NELSON, JUAN A  
Address: 224 DATURA STREET SUITE 515  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: ORTEGA, ANTONIO  
Address: 224 DATURA STREET SUITE 515  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: PERSAUD, FRED  
Address: 3213 REGAL CREST DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: BROWNSTEIN, ANDREW S  
Address: 101 GATEWAY CENTRE PARKWAY  
City-St-Zip: RICHMOND, VA 23235

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JUAN A. NELSON

D

06/25/2007

Electronic Signature of Signing Officer or Director

Date