


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90015 027 ***158.75

DOCUMENT # P03000145731	
1. Entity Name LAND PLANNING SYSTEMS, INC.	

Principal Place of Business 1842 SE MANTH LANE PORT ST. LUCIE, FL 34983	Mailing Address 1842 SE MANTH LANE PORT ST. LUCIE, FL 34983
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54007544

2. Principal Place of Business 201 SW Port St. Lucie Blvd	3. Mailing Address 201 SW Port St. Lucie Blvd
Suite, Apt. #, etc. Suite 203	Suite, Apt. #, etc. Suite 203
City & State Port St. Lucie, FL	City & State Port St. Lucie, FL
Zip 34986	Country USA

02072004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0409590	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BALL, STEVEN 1842 SE MANTH LANE PORT ST. LUCIE, FL 34983	
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7. Name and Address of New Registered Agent Name BALL, STEVEN Street Address (P.O. Box Number is Not Acceptable) 201 SW Port St. Lucie Blvd, Suite 203 Port St. Lucie City FL Zip Code 34986	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00. After May 1, 2004 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BALL, STEVEN 1842 SE MANTH LANE PORT ST. LUCIE, FL 34983	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BALL, JEANNE 1842 SE MANTH LANE PORT ST. LUCIE, FL 34983	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: Am Ball <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/9/04 772-785-7006 <small>Date Daytime Phone #</small>