2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

01-30-2008 90074 001 *****8.75
01-30-2008 90074 002 ***150.00

66002429

01142008 Chg-P CR2E034 (12/06)

DOCUMENT # P03000145731

1. Entity Name
LAND PLANNING SYSTEMS, INC.

Principal Place of Business	Mailing Address
201 SW PORT ST. LUCIE BLVD. STE. 203 PORT SAINT LUCIE, FL 34984	201 SW PORT ST. LUCIE BLVD. STE. 203 PORT SAINT LUCIE, FL 34984

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2100 SE Hillmoor Dr	2100 SE Hillmoor DR
Suite, Apt. #, etc.: Suite 202	Suite, Apt. #, etc.: Suite 202
City & State: Port St Lucie, FL	City & State: Port St Lucie FL
Zip: 34952 Country: USA	Zip: 34952 Country: USA

4. FEI Number: 20-0409590 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BALL, STEVEN 201 SW PORT ST LUCIE BLVD. STE. 203 PORT SAINT LUCIE, FL 34986	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: Steven Ball, President 2/28/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALL, STEVEN 1842 SE MANTH LANE PORT ST. LUCIE, FL 34983	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BALL, JEANNE 1842 SE MANTH LANE PORT ST. LUCIE, FL 34983	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Steven Ball 2/28/08 772-446-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #