

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000046516

1. Entity Name

REAL LAND DEVELOPMENT, INC.



Principal Place of Business

C/O WALD, COHEN & SCHNIEDER, P.A.
11420 NORTH KENDALL DRIVE, SUITE 203
MIAMI, FL 33176 US

Mailing Address

C/O WALD, COHEN & SCHNIEDER, P.A.
11420 NORTH KENDALL DRIVE, SUITE 203
MIAMI, FL 33176 US



04172008

No Chg-P

CR2E034 (11/05)

4. FEI Number
20-0857316

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAMONDIN, RICHARD
C/O WALD, COHEN & SCHNIEDER, P.A.
11420 NORTH KENDALL DRIVE, SUITE 203
MIAMI, FL 33176

**DO NOT WRITE
IN THIS SPACE**

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

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

000000949024
06/03/08-80010-019 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
LAMONDIN, RICHARD
11420 NORTH KENDALL DRIVE, SUITE 203
MIAMI, FL 33176

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/08 Date

305-252-869 Daytime Phone