## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 21, 2006 8:00 am Secretary of State

DOCUMENT # P0400073503  1. Entity Name LAND CRUSHER 4X4, INC.					O3-21-2006 90024 049 ***150.00		
Principal Plac	e of Business	Mailing Address			1.		
		648 SE 2ND STREET Deerfield Beach, FL 3	33441				
2. Principal Class of During							
1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			ederal Hwy		The state of the s		
*164		# 164			03072006 Chg-P CR2E034 (11/05)		
Pompano Beach Fl		City & State Pampano Beach, Fl.			4. FEI Number Applied F 20-1092953 Not Applie		
Zip 330	Country	Zip 33064	Country U. S	•	5. Certificate of Status Desired See Required	Cable	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
BLOSSER, TODD J					d c. moore		
1401 S. FEDERAL HWY, SUITE 213			Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
BOCA RATON, FL 33432				-1 1p	NC 70 COO.		
			City P	mpar	no Beach FL Zip Code 33	୦ଖ	
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.							
$-\frac{1}{2} \mathcal{U}_{\mathcal{C}} = \mathcal{L}_{\mathcal{C}} = \mathcal{L}_$							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees							
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	J.P BLOSSER, TODD J.	Delete	TITLE NAME		☐ Change ☐ Ad	dition	
STREET ADDRESS 1401 S. FEDERAL HWY, SUITE 213			STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	ρ			
TITLE NAME	MOORE, TODD C	☐ Delete	TITLE Name	r	© Change ∏ Ad	Adition	
STREET ADDRESS CITY-ST-ZIP	1411 NE 40TH COURT		STREET ADDRESS				
TITLE	POMPANO BEACH, FL 33064	Delete	CLTY-ST-ZIP TITLE		☐ Change ☐ Ad	triĝion	
NAME		L) below	NAME		⊡ ormande ⊡ vo	AURUM	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip				
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad	dition	
NAME STREET ADDRESS			NAME Street address				
CITY-ST-ZIP			CITY-ST-ZEP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad	ldition	
NAME STREET ADDRESS			NAME Street address				
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TITLE NAME		☐ Deleta	TITLE NAME		☐ Change ☐ Ad	tdition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling 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.							