· 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED May 03, 2007 08:00 AM Secretary of State DOCUMENT # P04000081069 INVESTORS LAND GROUP, INC. Principal Place of Business Mailing Address 2390 N.W. 7TH STREET, #207 2390 N.W. 7TH STREET, #207 MIAMI, FL 33125 MIAMI, FL 33125 04272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3718749 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JAAFAE, ALI H DO NOT WRITE 2390 NW 7 ST STE 207 MIAMI, FL 33125 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME JAAFAR, ALLH STREET ADDRESS 2390 N.W. 7TH STREET, #207 CITY-ST-ZIP MIAMI, FL 33125 TITLE U00000758405 05/24/07-80001-009 150.00 STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE

12. I hereby certify that the information supplied with this fifing 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

NATURE AND SOUR OF PROCESS OF SIGNING OFFICER OR DIRECTOR

4/30/07

Daytime Phone #