

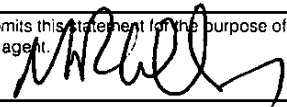
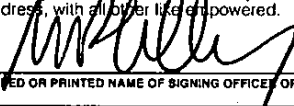


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90086 014 ***150.00

DOCUMENT # P04000104188 1. Entity Name LAND WORX, INC.					
Principal Place of Business 2315 BEACH BLVD. 201 JACKSONVILLE BEACH, FL 32250 US			Mailing Address 3545-1 ST. JOHNS BLUFF RD. S. 327 JACKSONVILLE, FL 32224 US		
2. Principal Place of Business 2315 BEACH BLVD. Suite, Apt. #, etc. SUITE 201B		3. Mailing Address 2315 BEACH BLVD. Suite, Apt. #, etc. SUITE 201B			
City & State JACKSONVILLE BEACH, FL		City & State JACKSONVILLE BEACH, FL		4. FEI Number 20-1359227	
Zip 32250		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, MICHAEL P 2315 BEACH BLVD. 201 JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 2315 BEACH BLVD., SUITE 201A _____ City & State 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 <u></u> DATE <u>4/6/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P STEELE, ALLEN J 2315 BEACH BLVD., SUITE 201 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T WILLIAMS, MICHAEL P 2315 BEACH BLVD., SUITE 201 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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: <u></u> MICHAEL P. WILLIAMS <u>4-10-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					