

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90386 050 \*\*\*150.00

DOCUMENT # P04000110265  
 1. Entity Name  
 BRANDYN LAND INVESTMENTS, IINC.



Principal Place of Business Mailing Address  
 7949 CATALINA CIR 7949 CATALINA CIR  
 TAMARAC, FL 33-3201 TAMARAC, FL 33-3201



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

04112006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
 MORALES, PEDRO  
 7949 CALABRA CIR  
 TAMARAC, FL 33321

4. FEI Number Applied For  
 20-1419380 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 7. Name and Address of New Registered Agent  
 Name MARCELLA MORALES  
 Street Address (P.O. Box Number is Not Acceptable) 7949 Catalina Circle  
 City Tamarac FL Zip Code 33321

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: *Marcella Morales* DATE: 4-11-06

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

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	MORALES, PEDRO	
STREET ADDRESS	7949 CATABRA CIR	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MORALES, MARCELLA	
STREET ADDRESS	7949 CATABRA CIR	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Marcella Morales* DATE: 4-11-06. DAYTIME PHONE #: 786-277-2001