2006 FOR PROFIT CORPORATION

Mar 06, 2006 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P04000157013 03-06-2006 90010 036 ***158.75 FAMILY LANDS REMEMBERED, INC. Principal Place of Business Mailing Address 7128 SE RIVERS EDGE ROAD 7128 SE RIVERS EDGE ROAD JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042006 Chq-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-1927720 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VERGARA, CARLOS M 7128 SE RIVERS EDGE ROAD Street Address (P.O. Box Number is Not Acceptable) JUPITER, FL 33458 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Change ☐ Addition TOMELL, ENRIQUE A NAME TOME W. ENRIQUE A 1000 SOUTHELN Blue #300 STREET ADDRESS 1000 SOUTHERN BLVD #300 STREET ADDRESS WEST PALM BEACH, FL 33405 CITY-ST-ZIP CITY-ST-ZIP WEST MIM BURCH FI 33105 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PRESCOTT, WARREN L NAME NAME 51 RIVER DRIVE STREET ADDRESS STREET ADDRESS JUPITER, FL 33469 CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition VERGARA CARIOS M 7138 SE RIVERE EDGE RO VERGANZA, CARLOS M NAME NAME STREET ADDRESS 7128 SE RIVERS EDGE RD STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP TUPITER F1 33458 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME

FILED

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 addirese, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

STREET ADDRESS

CITY-ST-ZIP