
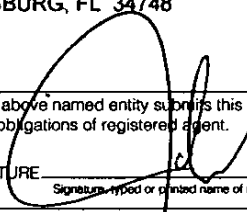
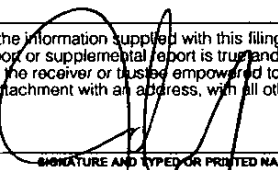


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000007772</b> 1. Entity Name <b>SOUTHERN LAND DEVELOPMENTS OF AMERICA, INC.</b>			
Principal Place of Business <b>6815 TUSCAWILLA DR LEESBURG, FL 34748</b>		Mailing Address <b>6815 TUSCAWILLA DR LEESBURG, FL 34748</b>	
2. Principal Place of Business <b>1302 S. 8th St</b> Suite, Apt. #, etc.		3. Mailing Address <b>1302 S 8th St</b> Suite, Apt. #, etc.	
City & State <b>Leesburg FL</b> Zip <b>34748</b>		City & State <b>Leesburg FL</b> Zip <b>34748</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WAGNER, KENNETH 6815 TUSCAWILLA DR LEESBURG, FL 34748</b>		7. Name and Address of New Registered Agent Name <b>John Kriete</b> Street Address (P.O. Box Number is Not Acceptable) <b>1302 S 8th St</b> City <b>Leesburg</b> <b>FL</b> Zip Code <b>34748</b>	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: <b>4-19-06</b>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P WAGNER, KENNETH 6815 TUSCAWILLA DRIVE LEESBURG, FL 34748</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>000075379830</b> <b>05/26/06--01052--005 **200.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP KRIETE, JOHN 1302 S. 8TH ST LEESBURG, FL 34748</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP WAGNER, MELANIE 6815 TUSCAWILLA DRIVE LEESBURG, FL 34748</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

06 MAY 10 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04192006 Chg-P CR2E034 (11/05)