
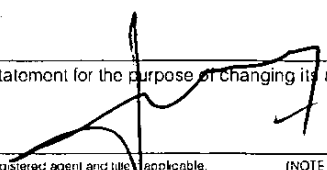
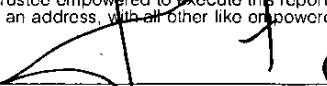


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90023 004 \*\*\*150.00

<b>DOCUMENT # P05000143525</b> 1. Entity Name <b>ANNAEL LAND HOLDINGS CORP.</b>					
Principal Place of Business <b>14536 CITRUS GROVE BLVD</b> <b>LOXAHATCHEE FL 33470</b>			Mailing Address <b>14536 CITRUS GROVE BLVD</b> <b>LOXAHATCHEE FL 33470</b>		
2. Principal Place of Business - No P.O. Box # <b>19588 SATURNIA LAKES DR</b>			3. Mailing Address <b>19588 SATURNIA LAKES DR</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>BOCA RATON FL</b>			City & State <b>BOCA RATON FL</b>		
Zip <b>33498</b>			Zip <b>33498</b>		
Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>20-3810287</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <del>PIGUET, CLAUDE</del> <b>14536 CITRUS GROVE BLVD</b> <b>LOXAHATCHEE FL 33470</b>			7. Name and Address of New Registered Agent Name <b>GEORGES TOLEDANO</b> Street Address, P.O. Box Number is Not Acceptable <b>19588 SATURNIA LAKES DRIVE</b> City <b>BOCA RATON</b> <b>FL</b> Zip <b>33498</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  <b>GEORGES TOLEDANO</b> <b>02/27/2007</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S, PIGUET, CLAUDE 14536 CITRUS GROVE BLVD LOXAHATCHEE FL 33470	<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	VP,T TOLEDANO, GEORGES 19588 SATURNIA LAKES DRIVE BOCA RATON FL 33498	<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
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 Section 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:  <b>GEORGES TOLEDANO</b> <b>02/27/07</b> <b>561.212.8263</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					