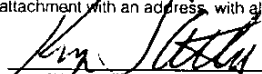


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000166661 1. Entity Name ATLEE LAND GROUP, INC.				FILED 07 MAY 25 PM 1:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4501 BEVERLY AVE JACKSONVILLE, FL 32210		Mailing Address 4501 BEVERLY AVE JACKSONVILLE, FL 32210			
2. Principal Place of Business - No P.O. Box # 5851 TIMUGUANA Rd		3. Mailing Address 5851 TIMUGUANA Rd			
Suite, Apt. #, etc. 301		Suite, Apt. #, etc. 301			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 20-3992186	
Zip 32210		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATLEE, KENYON S 4501 BEVERLY AVE JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5851 TIMUGUANA Rd Ste 301 City JACKSONVILLE FL Zip Code 32210	
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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D ATLEE, KENYON S 4501 BEVERLY AVE JACKSONVILLE, FL 32210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5851 TIMUGUANA Rd Ste 301 JACKSONVILLE FL 32210	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600103907426 06/05/07--01015--014 **550.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:  Kenyon S. Atlee 4-23-07 904-384-6964 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					