2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000127698

12415 CAISSON ROAD

FAIRFAX, VA 22030 US

Address:

City-St-Zip:

Entity Name: EARLY LAND CORPORATION, INC

FILED Nov 01, 2007 Secretary of State

Entity Na	Me: EARLYL	AND CORPO	RATION, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
	TH MILL VIEW EDRA BEACH		US				
Current Mailing Address:				New Mailing Address:			
	TH MILL VIEW EDRA BEACH		US				
FEI Number	: 20-5664719	FEI Number	Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name				Name and Addres	s of New Registered Agent:		
333 SOUT	IMOTHY M ^T H MILL VIEW EDRA BEACH		2 US				
	e named entity e of Florida.	submits this s	tatement for the p	ourpose of changing its regist	ered office or registered agent, or both,		
SIGNATUI	RE: TIMOTH	Y M EARLY					
Electronic Signature of Registered Agent				ent	Date		
	ice with s. 607.19 mpaign Financin		•	t receive the prior notice.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	EARLY, TIMOT 333 SOUTH M) Delete THY M ILL VIEW WAY A BEACH, FL 320	082 US	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DAVIS, DONN PO BOX 1117) Delete A.R RY, FL 32040 US	3	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	EARLY, ROBE 2090 SOUTH 1) Delete RT M ROPICAL TRAIL ND, FL 32952 U	S	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	VP (HALL, SUSAN) Delete L		Title: Name:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: TIMOTHY M EARLY PRES 11/01/2007