2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000128450

1. Entity Name
LANDFALL 2 INC.

Principal Place of Business	Mailing Address
3740 SOUTH OCEAN BOULEVARD APARTMENT 409 HIGHLAND BEACH, FL 33487	3740 SOUTH OCEAN BOULEVARD APARTMENT 409 HIGHLAND BEACH, FL 33487

DO NOT WRITE IN THIS SPACE

06062008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5795783
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRODY, KEVIN
3740 SOUTH OCEAN BOULEVARD
APARTMENT 409
HIGHLAND BEACH, FL 33487

DO NOT WRITE IN THIS SPACE

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: Kevin R Brody 06/06/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	BRODY, KEVIN
STREET ADDRESS	3740 SOUTH OCEAN BLVD. #409
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

100000052357
06/11/08-80001-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: Kevin R Brody 06/06/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #