2008 FOR PROFIT CORPORATION

Feb 28, 2008 8:00 am **Secretary of State ANNUAL REPORT** DOCUMENT # P07000037606 02-28-2008 90015 028 ***150.00 1. Entity Name LAW LAND PLANNING, INC. 4000300 Principal Place of Business Mailing Address 488 SOUTH COUNTRY CLUB DRIVE **488 SOUTH COUNTRY CLUB DRIVE** ATLANTIS, FL 33462 ATLANTIS, FL 33462 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 51-0628493 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WALTER, LINDSEY A Street Address (P.O. Box Number is Not Acceptable) **488 SOUTH COUNTRY CLUB DRIVE** ATLANTIS, FL 33462 Zip Code 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE **★**Change ☐ Addition Walter,Lindsey A. WALTER, LINDSAY A NAME NAME 488 SOUTH COUNTRY CLUB DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTIS, FL 33462 CITY-ST-ZIP VTD ☐ Change TITLE ☐ Delete TITLE ■ Addition WALTER, COLLENE W NAME 488 SOUTH COUNTRY CLUB DRIVE STREET ADDRESS STREET ADORESS ATLANTIS, FL 33462 CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-08 Dare

561-964-1203

FILED

Daytime Phone #