2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000064673

City-St-Zip:

SAINT PETERSBURG, FL 33716

FILED Mar 02, 2009 Secretary of State

Entity Name: GGM LAND HOLDINGS, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
	ERER DRIVE ERSBURG, FL 33716	3 US	3010 SCHERER DRIVE SAINT PETERSBURG,		
Current Mailing Address:			New Mailing Address:		
SUITE C	ERER DRIVE ERSBURG, FL 33716	3 US	3050 SCHERER DRIVE SUITE C SAINT PETERSBURG,		
FEI Number:	59-3207171 FEI Nu	mber Applied For () FEI Nu	umber Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
CONNORS, GARY J 3050 SCHERER DRIVE SAINT PETERSBURG, FL 33716 US CONNORS, GARY J 3050 SCHERER DRIVE N SAINT PETERSBURG, FL 33716 US 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.					
SIGNATURE: GARY J CONNORS				03/02/2009	
Electronic Signature of Registered Agent			Date		
Election Cam	npaign Financing Trust Fu	und Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () Delete KRIZMANICH, MICHAEL 3010 SCHERER DRIVE SAINT PETERSBURG, FI	_ 33716	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete CONNORS, GARY 3050 SCHERER DRIVE SAINT PETERSBURG, FL	_ 33716	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	D () Delete BERGOFFEN, GLENN 3010 SCHERER DRIVE		Title: (Name: Address:) 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.

City-St-Zip:

SIGNATURE: GARY J CONNORS DIR 03/02/2009