FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 24, 2002 8:00 am **Secretary of State**

07-04-2002 90547 046 ***150.00

DOCUMENT # 9 930000 83858 1. Entity Name attadisall was so suscenbate DO NOT WRITE IN THIS SPACE Principal Place of Business 39540 3. Mailing Address Suite, Ant. #. erc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For - 045467 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO-NOT WRITE Street Andre O. Box Number is Not Acceptable) IN THIS SPACE M 980 M City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so After May 1, Fee is \$550.00 \$5.00 May Be Amended UBR is \$61.25 (See criteria on back) Trust Fund Contribution. Added to Fees Make Chack Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE 'U 3 G1239 TIΠE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 76 CITY-ST-ZIP TITLE TILE NAME NAME STREET ADURES STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP THUE IN THIS SPACE MAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 11115 TITLE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-78

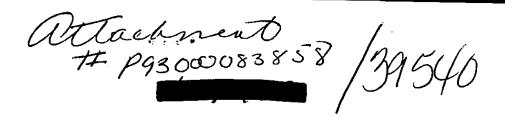
NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/52/03 55B.340



June 27, 2002

Uniform Business Report Divisions of Corporations PO box 1500 Tallahassee, Florida 32302-1500

Landworks of South Florida, Inc. 1453 Marvin Lane SW Ranches, Florida 33330

Dear Sirs,

Per conversation on June 27, 2002, my Annual Report was mailed to the wrong Address I would appreciate if you would accept the check for \$150.00.

Sincerely

Richard Speers