2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2006 8:00 am Secretary of State

| DOCUMENT # P9500000449 1. Entity Name LALANDE FINANCIAL GROUP, INC. | | | | | 04-13-2006 | 5 90301 017 ***150 | J.00 | |
|--|--|--|--|--|---|---|--|--|
| 730 NW 107TH AVENUE 2ND FLOOR MIAMI, FL 33172 | | Mailing Address 730 NW 107TH AVENUE 2ND FLOOR MIAMI, FL 33172 | | | | 5001171 | O. 1 | |
| Principal Place of Business Suite, Apt. #, etc. | | | | | | | | |
| City & State | | City & State | _City & State | | Chg-P | CR2E034 (11/05) | oplied For | |
| | | Dallas, TX | | 4. FEI Nun 65-05 | 44438 | No | ot Applicable | |
| Zip | Country | 75219 | Country | 5. Certifica | te of Status Desired | S8.75 Add Fee Require | | |
| 6. Name and Address of Current Registered Agent | | | Name | 7. Name and Address of New Registered Agent | | | | |
| C T CORPORATION SYSTEM | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | Street Ad | daress (P.O. Box Nun | Der is Not Acceptab | DIE) | | |
| | | | 0.7 | | | [| | |
| | ▼. | | City | | | FL Zip Cod | | |
| | a named entity submits this statement fo tions of registered agent. | r the purpose of changing its regi | istered office or | r registered agent, or l | ooth, in the State of F | Florida. I am familíar with, | and accept | |
| SIGNATURE Signature, typed or primed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) OATE | | | | | | | | |
| After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. | | | | | ., | | | |
| | | | | \$5.00 May Be Added to Fees | | | | |
| After M | ay 1, 2006 Fee will be \$550.0 OFFICERS AND | Trust Fund Contribut DIRECTORS | 11. | Added to Fees | S/CHANGES TO OF | FICERS AND DIRECTOR | | |
| After M | ay 1, 2006 Fee will be \$550. | Trust Fund Contribut | tion. | Added to Fees | S/CHANGES TO OF | FICERS AND DIRECTOR Change | S IN 11 | |
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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 of the corporation or the receiver of the corporation or the receiver of the course of the corporation or the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the receiver of the rece

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(972) 4*29-4*30 (