2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 19, 2007 8:00 am **Secretary of State** DOCUMENT # P95000058933 03-19-2007 90058 017 ***150.00 1. Entity Name RS LAND DEVELOPMENT, INC. Principal Place of Business Mailing Address 135 VIA QUANTERA 2135 S. CONGRESS PALM BEACH GARDENS, FL 33418 SUITE 10 WEST PALM BEACH, FL 33406 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-P CR2E034 (12/06) City & State A * City & State 4. FEI Number Applied For 52-1993636 Not Applicable Zip Country Zip Country \$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 SAHM, ROLAND D Street Address (P.O. Box Number is Not Acceptable) 135 VIA QUANTERA PALM BEACH GARDENS, FL 33418 Zip Code F١ 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE ☐ Delete TITLE SAHM, ROLAND D NAME NAME 135 VIA QUANTERA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 TITLE Delete TITLE Addition 135 Via Quantera PAlm Bch Gardens FL 33418 Thange Addition 135 Via Quantera PAlm Bch Gardens FL 33418 SAHM, DOUGLAS SR NAME NAME 6415 GARRETT ST STREET ADDRESS STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE SAHM, DOUGLAS SR NAME NAME STREET ADDRESS 6415 GARRETT ST STREET ADDRESS JUPITER, FL. 33458 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information sopplied 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 apcurate 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 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

like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachme

FILED

Daytime Phone #