2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/18

FILED
Apr 14, 2008 8:00 am
Secretary of State

02-18-2008 90009 048 ***150.00

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DOCUMENT # P95000092847

1. Entity Name

LANDEV, INC.

Principal Place of Business	Mailing Address
204 QUAYSIDE CIRCLE APT 203 MAITLAND FL 32751 US	204 QUAYSIDE CIRCLE APT 203 MAITLAND FL 32751 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3352926 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SATTIZAHN, MARIA L 215 QUAYSIDE CIR MAITLAND FL 32751	Name Maria-Luisa G. Rexach Street Address (P.O. Box Number is Not Acceptable) 204 Quayside Circle Unit # 203 City Maitland FL Zip Code 32751

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. (We are both officers)

SIGNATURE [signature] DATE 2-6-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REXACH, MARIA-LUISA G		NAME	
STREET ADDRESS	204 QUAYSIDE CIRCLE, APT 203		STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	~~SATTIZAHN, MARIA~~ SATTIZAHN		NAME	
STREET ADDRESS	215 QUAYSIDE CIR.		STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 4-1-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #