


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90272 044 ***150.00

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # P96000029309 1. Entity Name ST. LUCIE LAND CORP. | | | |  | |
| Principal Place of Business 450 EAST LAS OLAS BLVD. SUITE 1500 FT. LAUDERDALE, FL 33301 | | | Mailing Address 450 EAST LAS OLAS BLVD. SUITE 1500 FT. LAUDERDALE, FL 33301 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0675022 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| HUIZENG HOLDINGS, INC. 450 E LAS OLAS BLVD 1500 FT. LAUDERDALE, FL 33301 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT BRANDEN, CRIS V 450 EAST LAS OLAS BLVD., 15 FLOOR FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HUIZENG, JR., H. WAYNE 450 E. LAS OLAS BLVD., STE 150 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STE 1500 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HANDLEY, RICHARD L 450 E. LAS OLAS BLVD., STE 1500 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HENNINGER, ROBERT JR 450 E. LAS OLAS BLVD., STE 150 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HENNINGER, ROBERT JR | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MUXD, AUX 450 E. LAS OLAS BLVD., SUITE 1500 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MUXD, ALEX | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 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: _____ | | | 4/25/06 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

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