2005 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Apr 23, 2005 08:00 AM Secretary of State DOCUMENT # P96000049372 1. Entity Name ENVIRONMENTAL LAND ACQUISITION, INC. Principal Place of Business Mailing Address 300 S ORANGE AVE 300 S ORANGE AVE STE 1000 STE 1000 ORLANDO, FL 32801 ORLANDO, FL 32801 01062005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3388991 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WRIGHT, KENNETH W DO NOT WRITE 300 S ORANGE AVE STE 1000 IN THIS SPACE ORLANDO, FL 32801 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be U000000325253 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees '23/05-80008-025 150.*0*0 OFFICERS AND DIRECTORS 10. PS TITLE WRIGHT, KENNETH W NAME 300 S ORANGE AVE STE 1000 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 VPT TITLE MODICA, JAMES NAME STREET ADDRESS 302 MOHAWK RD GITY-ST-ZIP CLERMONT, FL 34711 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

information supplied with this filips does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information or supplemental report is take and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chinghs with an address, with all other like empowered.

Daytime Phone

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

 I hereby certify that the indicated on this report of the corporation or th

SIGNATURE: