


FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90027 046 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000093473			
1. Entity Name LANDROP MANAGEMENT CORP.			
Principal Place of Business 27304 GOUADALOUPE LANE RAMROD KEY, FL 33042		Mailing Address % WERNER MAECKELBURG, 8 AUBRY SAINT SAUVUR QUEBEC J0R-2R6 CANADA, XX	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O WERNER MAECKELBURG	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 8 AUBRY	
City & State		City & State SAINT-SAUVUR, QUEBEC	
Zip	Country	Zip	Country
		J0R-1R6	CANADA
4. FEI Number 65-0722950		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ODOM, KATHY C 29967 OVERSEAS HWY BIG PINE KEY, FL 33043		7. Name and Address of New Registered Agent 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, 2008 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	P MAECKELBURG, WERNER 8 AUBRY ST-SAUVER DES MONTS QB, CN j0r 1r6 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Werner Maackelburg		FEB. 16, 2008 450-227-3823	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	