2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2007 08:00 A Secretary of State **DOCUMENT # P96000104161** 1. Entity Name LANDERS INTERNATIONAL GROUP, INC. Principal Place of Business Mailing Address 321 GRANELLO AVE 321 GRANELLO AVE CORAL GABLES, FL 33146 US CORAL GABLES, FL 33146 海斯萨德克斯克克斯克尔 人名英格兰斯 03292007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0741554 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LANDERS, ROBIN DO NOT WRITE 321 GRANELLO VE CORAL GABLES, FL 33146 IN THIS SPACE hits this state fent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity a the obligations of ingl (NOTE, Registered Agent signature regulted when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE LANDERS, R NAME STREET ADDRESS 321 GRANELLO AVE CITY-ST-ZIP CORAL GABLES, FL 33146 TITLE RODRIGUEZ, C NAME STREET ADDRESS 321 GRANELLO AVE CITY-ST-ZIP CORAL GABLES, FL 33146 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP