2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 08, 2005 08:00 AM Secretary of State DOCUMENT # P97000044252 1. Entity Name LANDON PROPERTY SERVICES INC. Principal Place of Business Mailing Address DAVID L. PEARCE 1100 E. OAKLAND PARK BLVD., SUITE 104 OAKLAND PARK FL 33334 DAVID L. PEARCE 1100 E. OAKLAND PARK BLVD., SUITE 104 OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4, FEI Number Applied For 65-0755093 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEARCE, DAVID L Street Address (P O Box Number is Not Acceptable) 1100 E. OAKLAND PARK BLVD. SUITE 104 OAKLAND PARK FL 33334 Zip Code 8. The above named entry 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME PEARCE, DAVID L NAME U00000293968 04/08/05-80049-023 150.00 1100 E. OAKLAND PK. BLVD., STE. 104 STREET ADDRESS STREET ADDRESS CITY-ST-7IP OAKLAND PARK FL 33334 CITY-ST-ZP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME MAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIBLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP ☐ Addition BRUE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ₩.Te£ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), 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:

CITY - ST - ZIP

04-05-2005 954-564-327 1