2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000044335

Name:

Address: City-St-Zip: LAND, HELMUT

201-3 LENELL RD

FORT MYERS BEACH, FL 33931

Entity Name: LAND INTERNATIONAL MANAGEMENT CORP

FILED Feb 10, 2005 Secretary of State

Littly Nan	ie. LANDINI	ERNATIONAL MANAGEMEN	T CORF.			
Current Principal Place of Business:			New Principa	New Principal Place of Business:		
STEC	505 SE 40TH ST TE C APE CORAL, FL 33906 US			SH WELLS BLVD NGS, FL 34135	US	
Current Ma	ailing Addres	s:	New Mailing	New Mailing Address:		
1505 SE 40 STE C CAPE COR	TH ST RAL, FL 33906	US		SH WELLS BLVD. NGS, FL 34135	US	
FEI Number:	65-0772413	FEI Number Applied For ()	FEI Number Not Applicat	ole () Certific	cate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Ad	Name and Address of New Registered Agent:		
1505 SE 40 STE C	TRIEDRICH V TH ST AL, FL 33904		28000 SPANIS	ALLURE ACCOUNTING, LLC 28000 SPANISH WELLS BLVD. BONITA SPRINGS, FL 34135 US		
The above in the State		ubmits this statement for the p	ourpose of changing its r	egistered office or	registered agent, or both,	
SIGNATUR	E: MARENA	LOEFFLER		02/10/2005		
Election Cam		c Signature of Registered Age Trust Fund Contribution ().	ent		Date	
OFFICERS	AND DIRECT	rors:	ADDITIONS/0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DPTS () LAND, WERNEF 201-3 LENELL F FT MYERS BCH	RD	Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	LAND, FRANZIS 201-3 LENELL F		Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title:	D ()	Delete	Title:	() Change	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WERNER LAND P 02/10/2005