
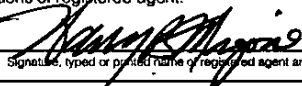
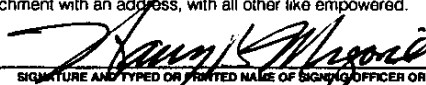


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90311 018 ***150.00

| | | | |
|---|---|--|--|
| DOCUMENT # P98000058888 | |  | |
| 1. Entity Name VIRTUAL LANDS, INC. | | | |
| Principal Place of Business 7171 NW 74TH STREET MIAMI, FL 33166 US | | Mailing Address 7171 NW 74TH STREET MIAMI, FL 33166 US | |
| 2. Principal Place of Business 7125 NW 74 Street | | 3. Mailing Address 7125 NW 74 Street | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Miami, FL 33166 | | City & State Miami, FL 33166 | |
| Zip 33166 | | Country USA | |
| 4. FEI Number 65-0851341 | | 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 THOMSON, JOHN M 370 MINORCA AVE, #1 CORAL GABLES, FL 33134 | | 7. Name and Address of New Registered Agent Name Harry B. Migone Street Address (P.O. Box Number is Not Acceptable) 7125 NW 74 Street City Miami FL 33166 | |
| 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  Harry B. Migone, President 03-06-05 (NOTE: Registered Agent signature required when reinstating) | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | D THOMSON, JOHN M 370 MINORCA AVE, #1 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MIGONE, HARRY B 7171 NW 74TH STREET MIAMI, FL 33166 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Migone, Harry B. 7125 NW 74 Street, Miami, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GROSS, GARY 7171 NW 74TH STREET MIAMI, FL 33166 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Gross, Gary 7125 NW 74 St., Miami, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS KATZ, WILLIAM C 7171 NW 74TH STREET MIAMI, FL 33166 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS Katz, William C 7125 NW 74 Street, Miami, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing 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:  | | 03-06-05 (305) 888-6112 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |