2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 02, 2007 08:00 A Secretary of State **DOCUMENT # P99000002758** ESMAIL LAND CORP. Principal Place of Business Mailing Address 9595 W ATLANTIC AVE 9663 VIA EMILIE DELRAY BEACH, FL 33446 BOCA RATON, FL 33428 CR2E034 (11/05) 02072007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0889513 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ESMAIL, ALLY DO NOT WRITE 9663 VIA EMILIE BOCA RATON, FL 33428 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Redistered Agent signature required when reinstating 03/13/07-80045-018 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ESMAIL, ALLY NAME STREET ADDRESS 9663 VIA EMILIE CITY - ST - ZiP BOCA RATON, FL 33428 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STHEET ADDRESS DO NOT WRITE CITY-ST-ZIP DITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-7iP TITLE

12. I hereby certify that the information supplied with this filling 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 effect like empowered.

SIGNATURE: 4 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

FILED