


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000037008
 1. Entity Name
 SOUTHLAND VENTURES INCORPORATED



Principal Place of Business 4951 GULFSHORE BLVD N PH301 NAPLES, FL 34103	Mailing Address 4951 GULFSHORE BLVD N PH301 NAPLES, FL 34103
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03112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3571643	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent
 KRUMM, WALTER T
 4951 GULFSHORE BLVD. N, PH 301
 NAPLES, FL 34103

DO NOT WRITE 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 Walter T. Krumm WALTER T. KRUMM 3/27/06
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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

UD0000481380
 04/11/06-80028-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KRUMM, WALTER T
STREET ADDRESS	4951 GULFSHORE BLVD N, PH301
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Walter T. Krumm WALTER T. KRUMM 3/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #