

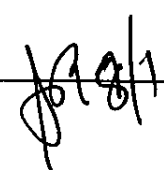
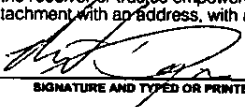


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000067981 1. Entity Name LAND-MAR SERVICES, INC.					
Principal Place of Business 1742 W ATLANTIC BLVD POMPAÑO BEACH, FL 33069				Mailing Address 5399 SW 42 ST FORT LAUDERDALE, FL 33314	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1742 W. ATLANTIC BLVD Suite, Apt. #, etc.			
City & State 		City & State POMPAÑO BEACH, FL		4. FEI Number 65-0949321	
Zip 		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOYON, PETER 5399 S.W. 42ND STREET DAVIE, FL 33314				7. Name and Address of New Registered Agent Name MARK PERLMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 1820 E. HALLANDALE BEACH BLVD City HALLANDALE BEACH FL Zip Code 33009	
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 MARK PERLMAN  DATE 7/25/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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 DOYON, PETER 5399 S.W. 42ND STREET DAVIE, FL 33314		TITLE NAME STREET ADDRESS CITY-ST-ZIP	NICHOLAS DOYON, PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6490 PALM GARDENS CT DAVIE, FL 33314	
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 300078273453 08/02/06--01049--005 **\$61.25	
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 	
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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: 			7/25/06 954-818-9371 <small>Date Daytime Phone #</small>		

FILED

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SECRETARY OF STATE



07212006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0949321 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

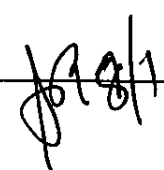
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SIGNATURE:  7/25/06 954-818-9371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #