2006 FOR PROFIT CORPORATION

SIGNATURE:

Jan 17, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P99000096239** 01-17-2006 90241 045 ***150.00 1. Entity Name KITS LAND COMPANY Principal Place of Business Mailing Address **4218 HAMMOND DRIVE** 4218 HAMMOND DRIVE WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33881 2. Principal Place of Business 701 62 Street S.W. 3. Mailing Address FOI 6 Strut SW. Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 CR2E034 (11/05) 4. FEI Number Applied For 58-2507305 Not Applicable Country Country \$8.75 Additional 3388D 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAZZANO, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 225 WEST LAKE SUMMIT DR. WINTER HAVEN, FL 33884 City Zip Code 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 1-10-06 SIGNATURE. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TILLE ☐ Change NAME RAZZANO, LAWRENCE NAME STREET ADDRESS 225 WEST LAKE SUMMIT DR. STREET ADDRESS WINTER HAVEN, FL 33884 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition FAQUA, MICHAEL FUQUA NAME NAME 2411 CYPRESS GARDENS BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIF TITLE ☐ Delete Change ☐ Addition NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-71P 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.

Razzana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED