

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


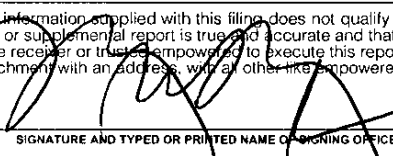
**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90255 009 \*\*\*150.00

**60035742**



03162006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # S06042</b>					
1. Entity Name WATERFORD LAND COMPANY, INC.					
Principal Place of Business 333. S. TAMIAMI TRAIL, SUITE 101 VENICE, FL 34285 US			Mailing Address 333. S. TAMIAMI TRAIL, SUITE 101 VENICE, FL 34285 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLER, MICHAEL W 333 S TAMIAMI TRAIL SUITE 101 VENICE, FL 34285				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MICHAEL W.			NAME	
STREET ADDRESS	333. S. TAMIAMI TRAIL, SUITE 101			STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34285			CITY-ST-ZIP	
TITLE	VSD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, JAYNE E			NAME	
STREET ADDRESS	333. S. TAMIAMI TRAIL, SUITE 101			STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34285			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TIMOTHY D			NAME	
STREET ADDRESS	333. S. TAMIAMI TRAIL, SUITE 101			STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34285			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 				4-17-06 941-441-1380	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	