2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S62230

1. Entity Name
INTERNATIONAL LAND DEVELOPMENT GROUP
LIMITED, INC.

Principal Place of Business	Mailing Address
1101 WINTER SPRINGS BLVD.	1101 WINTER SPRINGS BLVD.
WINTER SPRINGS, FL 32708	WINTER SPRINGS, FL 32708

DO NOT WRITE IN THIS SPACE

14015414

04282005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3074495	Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, MARY L
1101 WINTER SPRINGS BLVD.
WINTER SPRINGS, FL 32708

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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 _____
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	JOHNSON, MARY L
STREET ADDRESS	1101 WINTER SPRINGS BLVD
CITY-ST-ZIP	WINTER SPRINGS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Mary L. Johnson 4/29/05 352/357-2124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #