


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

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| DOCUMENT # V16223 1. Entity Name ELAND DEVELOPMENTS, INC. |  |
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| Principal Place of Business 1640 S SCENIC HWY FROSTPROOF, FL 33843 US | Mailing Address 3444 E. LAKE RD. #412 PALM HARBOR, FL 34685 US |
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DO NOT WRITE IN THIS SPACE



03232005 No Chg-P CR2E034 (10/03)

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|---|--------------------------------|
| 4. FEI Number 59-3109396 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent DIMARCO, ROBERT CPA 3444 EAST LAKE RD. #412 PALM HARBOR, FL 34685 |
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**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.

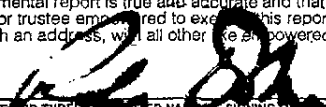
| | | |
|--|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000277181 03/26/05-80019-002 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DIMARCO, C.A. 6 REDWOOD LANE WAPPINGEN FALLS, NY 12590 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DIMARCO, ROBERT 3444 EAT LAKE RD. PALM HARBOR, FL 34685 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fee as powered.

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|--|---------------|-------------------------------|
| SIGNATURE:  | Date: 3/23/05 | Daytime Phone #: 727-787-5890 |
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