


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000007772

1. Entity Name
SOUTHERN LAND DEVELOPMENTS OF AMERICA, INC.



FILED
06 MAY 10 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 6815 TUSCAWILLA DR, LEESBURG, FL 34748
Mailing Address: 6815 TUSCAWILLA DR, LEESBURG, FL 34748



2. Principal Place of Business: 1302 S. 8th St, Suite, Apt. #, etc.
3. Mailing Address: 1302 S 8th St, Suite, Apt. #, etc.

04192006 Chg-P CR2E034 (11/05)

City & State: Leesburg FL
Zip: 34748 Country: USA

4. FEI Number Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
WAGNER, KENNETH
6815 TUSCAWILLA DR
LEESBURG, FL 34748

7. Name and Address of New Registered Agent
Name: John Kriete
Street Address (P.O. Box Number is Not Acceptable): 1302 S 8th St
City: Leesburg FL Zip Code: 34748

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]* DATE: 4-19-06

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: WAGNER, KENNETH STREET ADDRESS: 6815 TUSCAWILLA DRIVE CITY-ST-ZIP: LEEBURG, FL 34748	<input checked="" type="checkbox"/> Delete
TITLE: VP NAME: KRIETE, JOHN STREET ADDRESS: 1302 S. 8TH ST CITY-ST-ZIP: LEESBURG, FL 34748	<input type="checkbox"/> Delete
TITLE: VP NAME: WAGNER, MELANIE STREET ADDRESS: 6815 TUSCAWILLA DRIVE CITY-ST-ZIP: LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: President NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #