

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007197

FILED
Jan 09, 2008
Secretary of State

Entity Name: BASLAND, INC.

Current Principal Place of Business:

4999 SMITH FARM ROAD
MATTHEWS, NC 28104

New Principal Place of Business:

Current Mailing Address:

4999 SMITH FARM ROAD
MATTHEWS, NC 28104

New Mailing Address:

FEI Number: 56-1808603 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, DAWN R
2110 N. OCEAN BLVD.
SUITE 1503
FORT LAUDERALE, FL 33305 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HRNCIRIK, STEVE JR.
Address: 4999 SMITH FARM ROAD
City-St-Zip: MATTHEWS, NC 28104

Title: V () Delete
Name: HRNCIRIK, STEVE III
Address: 4999 SMITH FARM ROAD
City-St-Zip: MATTHEWS, NC 28104

Title: S () Delete
Name: HRNCIRIK, GREGORY J
Address: 4999 SMITH FARM ROAD
City-St-Zip: MATTHEWS, NC 28104

Title: T () Delete
Name: HRNCIRIK, MICHAEL A
Address: 4999 SMITH FARM ROAD
City-St-Zip: MATTHEWS, NC 28104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDSAY M. GEBEL

ADMN

01/09/2008

Electronic Signature of Signing Officer or Director

_____ Date