2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # G85025 01-28-2005 90014 009 ***150 00 THE PELICAN LANDSCAPE CO., INC. Mailing Address Principal Place of Business 40007773 C/O GENE M. PRANZO C/O GENE M. PRANZO 230 PARK AVE 26TH FLOOR NEW YORK, NY 10169 US 230 PARK AVE 26TH FLOOR NEW YORK, NY 10169 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 CR2E034 (10/03) Chg-P 4. FEI Number Applied For City & State City & State 13-3202205 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DS D ☐ Delete TITLE Change ■ Addition MILE NAME PRANZO, GENE M. NAME STREET ADDRESS STREET ADDRESS 230 PARK AVE 26TH FLOOR CITY-ST-ZIP NEW YORK, NY 10169 CITY-ST-ZIP DVP MILE ☐ Delete TITLE ☐ Change ☐ Addition TALFORD, RICHARD S. NAME NAME C/O GENE M. PRANZO, 230 PARK AVE 26TH FL STREET ADDRESS STREET ADDRESS CITY-ST-7IP NEW YORK, NY 10169 CITY-ST-7IP DΡ DILE TITLE ☐ Change ☐ Addition ☐ Delete NAME TALFORD, DORIS K. NAME STREET ADDRESS C/O GENE M. PRANZO, 230 PARK AVE 26TH FL STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10169 CHY-ST-ZIP T/Acting Secretary TITLE Delete TITLE A Change ☐ Addition NAME POTTER, CAROL NAME C/O GENE M. PRANZO, 230 PARK AVE 26TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10169 CITY-ST-ZIP ☐ Defete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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-ompowered 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 amount with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NINE OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIA

124 05 (42)682-3700

FILED Jan 28, 2005 8:00 am