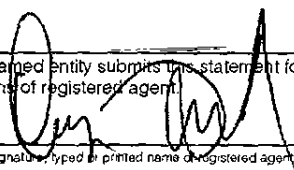
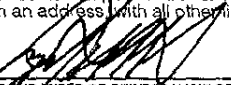


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                                                                          |                                                                                                                     |                                                                                                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # M05176</b><br>1. Entity Name<br><b>NATIVE LANDSCAPE SERVICE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                          |                                                                                                                     |                                                                           |  |
| Principal Place of Business<br><b>15733 SW 117 AVE<br/>MIAMI FL 33177</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                                                                                                          | Mailing Address<br><b>15733 SW 117 AVE<br/>MIAMI FL 33177</b>                                                       |                                                                                                                                                            |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      | 3. Mailing Address                                                                                       |                                                                                                                     |                                                                                                                                                            |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      | Suite, Apt. #, etc.                                                                                      |                                                                                                                     |                                                                                                                                                            |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      | City & State                                                                                             |                                                                                                                     |                                                                                                                                                            |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      | Country                                                                                                  |                                                                                                                     | 4. FEI Number <b>59-2453588</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For<br/>Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                          |                                                                                                                     |                                                                                                                                                            |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                                                                          | 7. Name and Address of New Registered Agent                                                                         |                                                                                                                                                            |  |
| <b>TOMASETTI, DAYNE<br/>15733 SW 117TH AVE.<br/>MIAMI FL 33177</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                                                                                          | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                                  |                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                                                                          | <b>FL</b> 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 <br><small>Signature typed or printed name of registered agent and title if applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | <b>DAYNE TOMASETTI</b><br><small>(NOTE: Registered Agent signature required when re-registering)</small> |                                                                                                                     | <b>4/26/05</b><br><small>DATE</small>                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                                                                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                            |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                                                                            |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PVTD <input type="checkbox"/> Delete |                                                                                                          | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TOMASETTI, DAYNE                     |                                                                                                          | NAME                                                                                                                |                                                                                                                                                            |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 15733 SW 117 AVE                     |                                                                                                          | STREET ADDRESS                                                                                                      |                                                                                                                                                            |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MIAMI FL 33177                       |                                                                                                          | CITY-ST-ZIP                                                                                                         |                                                                                                                                                            |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | S <input type="checkbox"/> Delete    |                                                                                                          | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TOMASETTI, ANGELA                    |                                                                                                          | NAME                                                                                                                |                                                                                                                                                            |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 15733 SW 117 AVE.                    |                                                                                                          | STREET ADDRESS                                                                                                      |                                                                                                                                                            |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MIAMI FL 33177                       |                                                                                                          | CITY-ST-ZIP                                                                                                         |                                                                                                                                                            |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete      |                                                                                                          | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                          | NAME                                                                                                                |                                                                                                                                                            |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                          | STREET ADDRESS                                                                                                      |                                                                                                                                                            |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                                                                                                          | CITY-ST-ZIP                                                                                                         |                                                                                                                                                            |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete      |                                                                                                          | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                          | NAME                                                                                                                |                                                                                                                                                            |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                          | STREET ADDRESS                                                                                                      |                                                                                                                                                            |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                                                                                                          | CITY-ST-ZIP                                                                                                         |                                                                                                                                                            |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete      |                                                                                                          | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                          | NAME                                                                                                                |                                                                                                                                                            |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                          | STREET ADDRESS                                                                                                      |                                                                                                                                                            |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                                                                                                          | CITY-ST-ZIP                                                                                                         |                                                                                                                                                            |  |
| 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 like empowered. |                                      |                                                                                                          |                                                                                                                     |                                                                                                                                                            |  |
| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                          | <b>ANGELA TOMASETTI</b><br><b>4/26/05</b><br><small>Date</small>                                                    |                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                                                                          | <b>3052947441</b><br><small>Daytime Phone #</small>                                                                 |                                                                                                                                                            |  |