2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 07, 2007
Secretary of State

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Entity Name: LANDSCAPE INSPECTOR'S ASSOCIATION OF FLORIDA A LIMITED AGRICULTURAL ASSOCIATION

Current Principal Place of Business:

4611 SOUTH UNIVERSITY DRIVE
STE 174
FORT LAUDERDALE, FL 33328

New Principal Place of Business:

Current Mailing Address:

4611 SOUTH UNIVERSITY DRIVE
STE 174
FORT LAUDERDALE, FL 33328

New Mailing Address:

FEI Number: 65-0451904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEARSON, KIMBERLY PRES
4611 S UNIVERSITY DR STE 174
FORT LAUDERDALE, FL 33317 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

OFFICERS AND DIRECTORS:

Title: MS ( ) Delete
Name: PEARSON, KIMBERLY PRES
Address: 4611 S UNIVERSITY DR STE 174
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: MR ( ) Delete
Name: LIVIO, CHARLES VP
Address: 4611 S UNIVERSITY DR STE 174
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: MR (X) Delete
Name: CHANCEY, JEREMY SEC
Address: 4611 S UNIVERSITY DR STE 174
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: MR (X) Delete
Name: O'BRIEN, DAVID TREAS
Address: 4611 S UNIVERSITY DR STE 174
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: MS (X) Delete
Name: LEE, CASEY DIR
Address: 4611 S UNIVERSITY DR STE 174
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: MR (X) Delete
Name: MCKIRDY, PETER DIR
Address: 4611 S UNIVERSITY DR STE 174
City-St-Zip: FORT LAUDERDALE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MR (X) Change ( ) Addition
Name: O'BRIEN, DAVID TREAS
Address: 4611 S UNIVERSITY DR STE 174
City-St-Zip: FORT LAUDERDALE, FL 33328

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY PEARSON PRES 06/07/2007

Electronic Signature of Signing Officer or Director — Date