2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2007 08:00 AM Secretary of State DOCUMENT # P01000064414 PROFECT LANDSCAPING, INC. Principal Place of Business Mailing Address 1435 E LIBBY DR 1435 E LIBBY DR W PALM BCH, FL 33406 W PALM BCH, FL 33406 No Chg-P CR2E034 (11/05) 04242007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1118299 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent COMOS, GREGG DO NOT WRITE - ~ 1435 E LIBBY DR W PALM BCH, FL 33406 IN THIS SPACE 6. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITI F COMOS, GREGG NAME STREET ADDRESS 1435 E LIBBY DR W PALM BCH, FL 33406 CITY-ST-ZIP U00000740055 TITLE 05/14/07-80052-008 150.00 NAME COMOS, JAN STREET ADDRESS 1435 E LIBBY DR W PALM BCH, FL 33406 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL F NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE
NAME
STREET ADDRESS

BIGHATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

124/07 561-969-956

FILED