2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# P01000096326

Entity Name: BERRIS LANDSCAPING & LAWN CARE, INC

Current Principal Place of Business:

5609 WASHINGTON ST., #54
HOLLYWOOD, FL 33023

New Principal Place of Business:

5609 WASHINGTON ST., #41
HOLLYWOOD, FL 33023

Current Mailing Address:

5609 WASHINGTON ST., #54
HOLLYWOOD, FL 33023

New Mailing Address:

5609 WASHINGTON ST., #41
HOLLYWOOD, FL 33023

FEI Number: 65-1143416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPENCE, URSHALA
5609 WASHINGTON ST., #54
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

SPENCE, URSHALA
5609 WASHINGTON ST., #41
HOLLYWOOD, FL 33023 US

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: URSHALA SPENCE 04/30/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SPENCE, DEAN
Address: 5609 WASHINGTON ST., #54
City-St-Zip: HOLLYWOOD, FL 33023

Title: STD ( ) Delete
Name: SPENCE, URSHALA
Address: 5609 WASHINGTON ST., #54
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SPENCE, DEAN
Address: 5609 WASHINGTON ST., #41
City-St-Zip: HOLLYWOOD, FL 33023

Title: STD (X) Change ( ) Addition
Name: SPENCE, URSHALA
Address: 5609 WASHINGTON ST., #41
City-St-Zip: HOLLYWOOD, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the 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: DEAN SPENCE PD 04/30/2006
Electronic Signature of Signing Officer or Director Date