2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000149064

Entity Name: ACORNS TO OAKS TREE SERVICE, INC.

FILED Nov 16, 2007 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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36072 STARR LANE 36074 STARR LANE

CALLAHAN, FL 32011 US CALLAHAN, FL 32011 US

Current Mailing Address: New Mailing Address:

36072 STARR LANE 36074 STARR LANE

CALLAHAN, FL 32011 US CALLAHAN, FL 32011 US

FEI Number: 20-5975475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LARREW, ANDREA L HINSON, DIANE L 36072 STARR LANE 36074 STARR LANE

CALLAHAN, FL 32011 US CALLAHAN, FL 32011 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: DIANE L. HINSON 11/16/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 LARREW, ANDREA L
 Name:
 HINSON, DIANE L

 Address:
 36072 STARR LANE
 Address:
 36074 STARR LANE

 City-St-Zip:
 CALLAHAN, FL 32011 US
 City-St-Zip:
 CALLAHAN, FL 32011 US

Title: VP (X) Delete Title: () Change () Addition

 Name:
 PAUL, SEAN S SR.
 Name:

 Address:
 36072 STARR LANE
 Address:

 City-St-Zip:
 CALLAHAN, FL 32011 US
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Name:
 EMERY, DAVID W
 Name:

 Address:
 6866 NW 180TH STREET
 Address:

 City-St-Zip:
 STARKE, FL 32091 US
 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE L. HINSON P 11/16/2007