2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P9300063738

1. Entity Name

EARTH AND TURF LANDSCAPE INC.



Principal Place of Business

10620 LAKE JASMINE DR

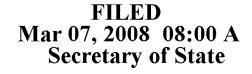
SUITE 302

BOCA RATON, FL 33498-1503 US

Mailing Address

C/O BLAKESBERG & CO, CPAS 951 SW FOURTH AVENUE

BOCA RATON, FL 33432-5803 US





02192008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0435868 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELKIN, NEAL S 10620 LAKE JASMINE DRIVE #E

BOCA RATON, FL 33498

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE ELKIN, NEAL S NAME STREET ADDRESS 10620 LAKE JASMINE DRIVE CITY-ST-ZIP BOCA RATON, FL 33498 TITLE 03,25708-80005-0107150700 ELKIN, LEMOR A NAME STREET ADDRESS 10620 LAKE JASMINE DRIVE City-St-ZIP BOCA RATON, FL 33498 TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

President

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561477-320

Daytime Phone #