

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094112

Entity Name: TAMPA HARDSCAPES, INC.

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

25229 SEVEN RIVERS CIRCLE
LAND O LAKES, FL 34639 US

New Principal Place of Business:

7619 SANG RUN RD
MCHENRY, MD 21541 US

Current Mailing Address:

25229 SEVEN RIVERS CIRCLE
LAND O LAKES, FL 34639 US

New Mailing Address:

PO BOX 903
MCHENRY, MD 21541 US

FEI Number: 20-5212711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAMBLEN, BRIE A
25229 SEVEN RIVERS CIRCLE
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

SHAMBLEN, BRIE A
7619 SANG RUN RD
MCHENRY, FL 21541 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:

04/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SHAMBLEN, BRIE A
Address: 25229 SEVEN RIVERS CIRCLE
City-St-Zip: LAND O LAKES, FL 34639 US

Title: VP () Delete
Name: SHAMBLEN, MICHAEL E
Address: 25229 SEVEN RIVERS CIRCLE
City-St-Zip: LAND O LAKES, FL 34639 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SHAMBLEN, BRIE A
Address: PO BOX 903
City-St-Zip: MCHENRY, MD 21541 US

Title: VP (X) Change () Addition
Name: SHAMBLEN, MICHAEL E
Address: PO BOX 903
City-St-Zip: MCHENRY, MD 21541 US

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: MICHAEL SHAMBLEN

VP

04/28/2007

Electronic Signature of Signing Officer or Director

Date