2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2008 08:00 Al Secretary of State **DOCUMENT # G45039** MASSEY LANDSCAPING, INC. Principal Place of Business Mailing Address 14825 N.E. 10TH AVENUE 14825 N.E. 10TH AVENUE P. O. BOX 611251 P. O. BOX 611251 N. MIAMI, FL 33161 N. MIAMI, FL 33161 01232008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2294727 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MASSEY, EDWARD DO NOT WRITE 14825 N.E. 10TH AVENUE N. MIAMI, FL 33161 IN THIS SPACE 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, typud 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, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME MASSEY, EDWARD STREET ADDRESS 14825 N.E. 10TH AVENUE CITY-ST-ZIP N. MIAMI, FL. 33161 : 1000000806249 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

GOWAND MASSEY 1-28-2008

FILED