2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J18664

Entity Name: REV-CUT MOWER, INC.

898 PINE BAUGH STREET

ROCKLEDGE, FL 32955

Address:

City-St-Zip:

FILED Apr 28, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---|---------------------------------|---|--|--|
| 2005 NOR COCOA, F | RTH US HWY: FL 32922 | #1 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 2005 NOR COCOA, F | RTH US HWY FL 32922 | #1 | | | |
| FEI Number | : 59-2717256 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of | Current Registered Agent: | Name and Address | of New Registered Agent: | |
| 2005 NOR COCOA, F | | #1 3 US | purpose of changing its registere | ed office or registered agent, or both, | |
| | e of Florida. | | | | |
| SIGNATUI | | nic Signature of Registered Ag | ent | Date | |
| Election Ca | | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | |
| Title: Name: Address: City-St-Zip: | D (LAPONTNY, R 409 W ESTCH COCOA, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (CAMPEAU, JA 409 WESTCH COCOA, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (ADAMS, ROBI 898 PINE BAU ROCKLEDGE | IGH STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | D (ADAMS, JENN |) Delete IIFER | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: JACKIE CAMPEAU DIR 04/28/2006