FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # K15728 04-24-2006 90377 045 ***150.00 Eddy's Lawn Care, Inc. DO NOT WRITE IN THIS SPACE 40061230 2. Principal Place of Business 3. Mailing Address 4755 Anton Avenue Post Office Box 524 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034B (8/05) Applied For City & State City & State 4. EEI Number Not Applicable Apopka, Florida 32704 59-2869553 Apopka, Florida 32703 Zip 32703 Country Zip 32704 \$8.75 Additional 5. Certificate of Status Desired Orange Orange Fee Required 7. Name and Address of Current Registered Agent Edward L. Carr Street Address (P.O. Box Number is Not Acceptable) DO NOT WRITE 4755 Anton Avenue IN THIS SPACE Apopka, Florida Zip Code 32703 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. 19, Edward L. Carr, President 2006 Signature, per law printed name of registered go breakd title if applicable January 1. Fee is \$150.00 (NOTE: Registered Agent signature required when reinstating) After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. President TITLE TITI F Edward L. Carr NAME NAME STREET ADDRESS 4755 Anton Avenue STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Apopka, Florida 32703 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

SIGNATURE: _

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

Edward L. Carr, President

April 19, 2006 407-889-7477°

FILED