2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 08:00 Al Secretary of State **DOCUMENT # K88040** 1. Entity Name CENTRAL FLORIDA GARDENING SERVICES, INC. Mailing Address Principal Place of Business % JAMES E BRANDEBERRY % JAMES E BRANDEBERRY 4339 DORAL CT 4339 DORAL CT LAKELAND, FL 33801 LAKELAND, FL 33801 No Chg-P CR2E034 (11/05) 04172006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0127948 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BRANDEBERRY, JAMES E. DO NOT WRITE 4339 DORAL CT LAKELAND, FL 33801 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, typed or pnnled name of registered agent and bite if applicable DATE (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. BRANDEBERRY, JAMES E. NAME Unnonno521038 05/02/06-80122-007 150.00 4339 DORAL CT STREET ADDRESS LAKELAND, FL CITY-ST-ZIP nne BRANDEBERRY, RICHARD E. NAME STREET ADDRESS 4339 DORAL CT CITY-ST-ZIP LAKELAND, FL nne STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE BIRE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; 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:

MAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR

4/17/06