
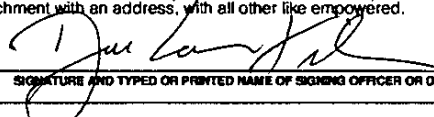


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90005 001 ***150.00

DOCUMENT # K94553 1. Entity Name ALLAMANDA LANDSCAPE, INC.					
Principal Place of Business C/O EMORY C. JORDAN, III 4400 PGA BOULEVARD, #303 PALM BEACH GARDENS, FL 33410			Mailing Address C/O EMORY C. JORDAN, III 4400 PGA BOULEVARD, #303 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business C/O EMORY C. JORDAN, III Suite, Apt. #, etc. 4400 PGA BLVD., SUITE 900		3. Mailing Address C/O EMORY C. JORDAN, III Suite, Apt. #, etc. 4400 PGA BLVD, SUITE 900		 01112005 Chg-P CR2E034 (10/03)	
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL			
Zip 33410		Zip 33410			
Country U.S.		Country U.S.			
4. FEI Number 65-0167938				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JORDAN, EMORY C 415 2ND AVE NORTH SUITE 300 LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL _____ Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTERS, ROBERT N 4400 PGA BLVD STE 303 PALM BEACH GARDENS, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTERS, ROBERT N 4400 PGA BLVD SUITE 900 PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, DAVID C 4400 PGA BLVD - STE 303 PALM BEACH GARDENS, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, DAVID C. 4400 PGA BLVD. SUITE 900 PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/12/05 561-626-8888 <small>Date Daytime Phone #</small>		