2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # L21281 1. Entity Name PINDERS LAWN SERVICE, INC. Mailing Address Principal Place of Business 8940 NW 7 COURT 8940 NW 7 COURT PEMBROKE PINES, FL 33024-6454 PEMBROKE PINES, FL 33024-6454 04242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0146221 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required S. Name and Address of Current Registered Agent DO NOT WRITE PINDER, TIMOTHY 8940 NW 7 CT PEMBROKE PINES, FL 33024 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 lamillar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or gonted name of registered agent and title if applicable (NOTE: Registered Agent signature regured when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PINDER, TIMOTHY NAME STREET ADDRESS 8940 NW 7 CT CITY-ST-ZIP PEMBROKE PINES, FL U000000537600 DILLE 05/09/06-80022-019 150.00 NAME STREET ADDRESS CITY-SI-ZIP

IN THIS SPACE

DO NOT WRITE

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 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:

TITLE MARKE STREET ADDRESS

NAME STREET ADDRESS CHTY-SI-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-2IP

CITY-ST-ZIP

TIMOMY SIGNATURE AND TYPES OR FRINTED NAME OF SIGNING OFFICER OR DIRECTO PINDER Of 24/2006

FILED