2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 20, 2007 8:00 am Secretary of State **DOCUMENT # M67814** 04-20-2007 90074 040 ***150.00 G. R. LANDSCAPING, INC. Principal Place of Business Mailing Address 411016600 8310 SUN DRIVE G.R. LANDSCAPING INC ORLANDO, FL 32809 P.O. BOX 590504 ORLANDO, FL 32859-0504 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04152007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2874804 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAPITANUCCI, FRANCESCO Street Address (P.O. Box Number is Not Acceptable) 8310 SUN DRIVE ORLANDO, FL 32809 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature regured when reinstature) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CAPITANUCCI, FRANCESCO NAME STREET ADDRESS 8310 SUN DR. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32809 CITY-ST-ZIF TITLE D Delete THILE Change ☐ Addition CAPITANUCCI, LOREDANA NAME STREET ADDRESS 12 VIA GALEZZO ALLESSI STREET ADDRESS CITY-ST-ZIP ALLESSI 06081 ITALY, CITY-ST-ZIP TITLE ☐ Delete TITLE *Change ☐ Addition CAPITANNUCCI, CHRISTOPHER P CAPITANUCCI CHRISTOPHER I NAME NAME STREET ADDRESS 8310 SUN DR. STREET ADDRESS 8310 SUN DRIVE CITY-ST-ZIP ORLANDO, FL 32809 CITY-ST-7IP 32309 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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.

FILED