2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M75000

Entity Name: A BUDGET TREE SERVICE, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
710 E STAT WINTER SE	FE RD 434 PRINGS, FL 32708	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
710 E STAT WINTER SE	FE RD 434 PRINGS, FL 32708	US			
FEI Number:	59-2880438 FEI Nu	mber Applied For() F	FEI Number Not Applicable()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	, DARCY L TE ROAD 434 PRINGS, FL 32708	US	MEAGHER, JAMES J 710 E STATE ROAD 4 WINTER SPRINGS, F	34	
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.					
SIGNATUR	E: JAMES J MEAGH	IER JR		04/30/2009	
	Electronic Signa	ture of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECT					
Title: Name: Address: City-St-Zip:	PSTD () Delete MEAGHER, DARCY L 710 E STATE RD 434 WINTER SPRINGS, FL 3	32708	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete MEAGHER, JAMES J III 763 NIGHT OWL LANE WINTER SPRINGS, FL (32708	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete MEAGHER, JAMES J JR 710 E STATE ROAD 434 WINTER SPRINGS, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete MEAGHER, TIMOTHY T 316 COPPERSTONE CASSELBERRY, FL 327	07	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete MEAGHER, DALE E 361 CRYSTAL CR. OVIEDO, FL 32765		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) Delete LEMMER, MELANIE L M 14554 COUNTRY ROAD NEW ULM, MN 56073		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J MEAGHER JR VP 04/30/2009