


## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P0000053052</b> 1. Entity Name <b>LANDSCAPE DIMENSIONS OF SOUTHWEST FLORIDA, INC.</b>			
Principal Place of Business 18011 LEETANA RD FORT MYERS, FL 33917		Mailing Address 18011 LEETANA RD FORT MYERS, FL 33917	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State  Zip		City & State  Zip	
4. FEI Number <b>65-1008491</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HERITAGE TAX &amp; CONSULTING SERVICE 11220 METRO PKWY #3 FORT MYERS, FL 33912</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number Is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 re-registering) DATE</small>			
<b>Amended AR is \$81.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MARTINDALE, TOM</b> <b>710 SHARAN CT</b> <b>CAPE CORAL, FL 33904</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900060211753</b> <b>10/04/05--01045--010 **\$1.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>TACKETT, SEAN</b> <b>16590 Garden Blvd</b> <b>Cape Coral, Fl. 33909</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>TACKETT, EDDIE JR.</b> <b>614 SE 17th ST.</b> <b>Cape Coral, Fl. 33914</b>
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)(f), 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 _____ <b>Tom Martindale</b> <b>TOM MARTINDALE, PRESIDENT</b>		Date <b>9/29/05</b> Daytime Phone # _____	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09282005 Chg-P CR2E034 (10/03)