2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# P00000075278

Entity Name: A CUT ABOVE TREE SERVICE OF COLLIER, INC.

Current Principal Place of Business:

6310 STARGRASS LANE
NAPLES, FL 34116

New Principal Place of Business:

6310 STAR GRASS LANE
NAPLES, FL 34116

Current Mailing Address:

6310 STARGRASS LANE
NAPLES, FL 34116

New Mailing Address:

6310 STAR GRASS LANE
NAPLES, FL 34116

FEI Number: 59-3662856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALZAMORA, KELLEY
6310 STARGRASS LANE
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

ALZAMORA, KELLEY
6310 STAR GRASS LANE
NAPLES, FL 34116 US

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.

SIGNATURE: _____ 04/15/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALZAMORA, RODOLFO
Address: 6310 STARGRASS LANE
City-St-Zip: NAPLES, FL 34116

Title: VSTD ( ) Delete
Name: ALZAMORA, KELLEY
Address: 6310 STARGRASS LANE
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALZAMORA, RODOLFO
Address: 6310 STAR GRASS LANE
City-St-Zip: NAPLES, FL 34116

Title: VSTD (X) Change ( ) Addition
Name: ALZAMORA, KELLEY
Address: 6310 STAR GRASS LANE
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KELLEY ALZAMORA VP 04/15/2005
Electronic Signature of Signing Officer or Director — Date