
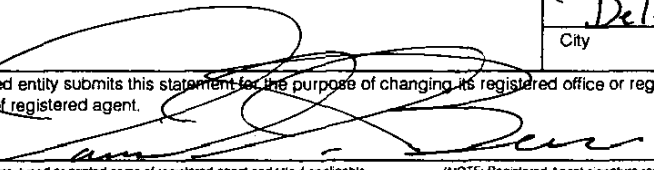
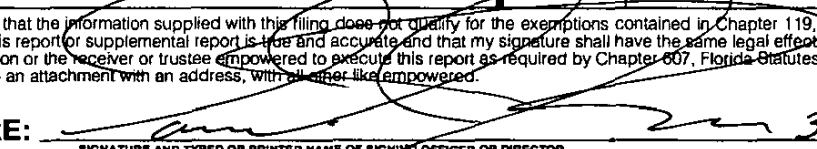


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90182 049 ***158.75

DOCUMENT # P00000103301 1. Entity Name DIAMOND CUT LAWNSCAPES BY DEBEER, INC.					
Principal Place of Business 564 ENFIELD CT DELRAY BEACH, FL 33444			Mailing Address 564 ENFIELD CT DELRAY BEACH, FL 33444		
2. Principal Place of Business 3591 Lone Pine Road		3. Mailing Address 3591 Lone Pine Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Delray Beach		City & State Delray Beach		4. FEI Number 65-1058508	
Zip 33445		Country Palm Beach		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEBEER, DAVID 564 ENFIELD CT DELRAY BEACH, FL 33444			7. Name and Address of New Registered Agent Name David DeBeer Street Address (P.O. Box Number is Not Acceptable) 3591 Lone Pine Road Delray Beach FL City FL Zip Code 33445		
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  David DeBeer 3-4-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBEER, DAVID 564 ENFIELD CT DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T DeBeer David 3591 Lone Pine Road Delray Beach FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBEER, ELIZABETH 564 ENFIELD CT DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/B DeBeer Elizabeth 3591 Lone Pine Road Delray Beach FL 33445 <input checked="" 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	
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 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:  3-4-06 (561) 302-4824 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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