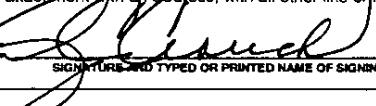


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 26, 2005 8:00 am  
Secretary of State**

05-26-2005 90027 004 \*\*\*550.00

DOCUMENT # P01000012374		
1. Entity Name <b>SUNSCAPES LANDSCAPE DESIGN, INC.</b>		
Principal Place of Business <b>2849 VILLAGE GROVE DRIVE S JACKSONVILLE, FL 32257</b>		Mailing Address <b>2849 VILLAGE GROVE DRIVE S JACKSONVILLE, FL 32257</b>
2. Principal Place of Business <b>8853 San Jose Blvd.</b> Suite, Apt. #, etc. <b>Jacksonville, FL</b> City & State <b>32217 Duval</b>		3. Mailing Address <b>8853 San Jose Blvd.</b> Suite, Apt. #, etc. <b>Jacksonville, FL</b> City & State <b>32217 Duval</b>
Zip	Country	Zip
6. Name and Address of Current Registered Agent  <b>SLOTT, ARNOLD H SLOTT &amp; BARKER 334 E. DUVAL STREET JACKSONVILLE, FL 32202</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.</small> (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</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 <b>D</b> NAME <b>CROUCH, GERALDINE C</b> STREET ADDRESS <b>2849 VILLAGE GROVE DRIVE S</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32257</b>		<input type="checkbox"/> Delete  TITLE <b>Crouch, Geraldine C.</b> NAME <b>8853 San Jose Blvd.</b> STREET ADDRESS <b>Jacksonville, FL 32217</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>DRAKE, JUDITH P</b> STREET ADDRESS <b>2849 VILLAGE GROVE DRIVE S</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32257</b>		<input type="checkbox"/> Delete  TITLE <b>Drake, Judith P.</b> NAME <b>8853 San Jose Blvd.</b> STREET ADDRESS <b>Jacksonville, FL 32217</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete		<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)(i), 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 		5/25/05 904-730-4330 Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		