
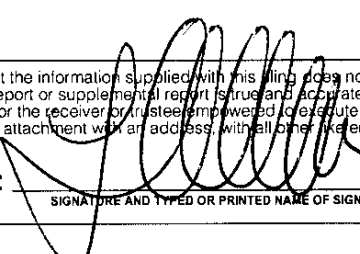


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90460 034 \*\*\*150.00

<b>DOCUMENT # P01000027525</b> 1. Entity Name <b>T &amp; D NURSERY &amp; LANDSCAPING, INC.</b>					
Principal Place of Business <b>4839 S.W. 148TH AVE., STE. 321 DAVIE, FL 33330</b>			Mailing Address <b>4839 S.W. 148TH AVE., STE. 321 DAVIE, FL 33330</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>15363 NORTHLAKE BLVD.</b> Suite, Apt. #, etc.		
City & State <b>West PALM BEACH, FL</b>			4. FEI Number <b>65-1096935</b>		
Zip <b>33412</b>			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> <b>D'ALESSIO, THOMAS</b> <b>4839 S.W. 148TH AVE., STE. 321</b> <b>DAVIE, FL 33330</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>D'ALESSIO, THOMAS A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>15363 NORTHLAKE BLVD.</b> <b>West PALM BEACH</b> City <b>FL</b> Zip Code <b>33412</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>D'ALESSIO, THOMAS</b> <b>4839 S.W. 148TH AVE., STE. 321</b> <b>DAVIE, FL 33330</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>D'ALESSIO, DOMINIC</b> <b>4839 S.W. 148TH AVE., STE. 321</b> <b>DAVIE, FL 33330</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>D'ALESSIO, THOMAS V</b> <b>4839 SW 148TH AVE. #321</b> <b>DAVIE, FL 33330</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>THOMAS D'ALESSIO</b> <b>4/10/06</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>president</b> Date <b>954 658-9604</b>					

**50015691**



02242006 Chg-P CR2E034 (11/05)

Applied For  
Not Applicable

Zip Code **33412**