


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90092 032 \*\*\*150.00

**DOCUMENT # P01000084549**

1. Entity Name  
**O.T.M. LANDSCAPE SOLUTIONS CORPORATION**



Principal Place of Business      Mailing Address

**2200 NE 36TH AVENUE**      **2200 NE 36TH AVENUE**  
**BLDG. 500 SUITE. 502**      **BLDG. 500 SUITE. 502**  
**OCALA, FL 34470**      **OCALA, FL 34470**

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2. Principal Place of Business      3. Mailing Address

**2200 NE 36th Ave**      **2200 NE 36th Ave**  
**Bldg 100 Suite 102**      **Bldg 100 Suite 102**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**OCALA FL**      **OCALA FL**

City & State      City & State

**34470**      **34470**

Zip      Zip

Country      Country



01132005    Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For

**65-1133736**       Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAYA, OSCAR A**  
**3240 SW 34TH ST**  
**1012**  
**OCALA, FL 34474**

7. Name and Address of New Registered Agent

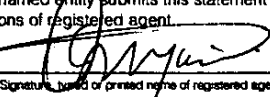
Name **MAYA, OSCAR A**

Street Address (P.O. Box Numbers Not Accepted) **2200 NE 36th Ave**

**Bldg 100 Suite 102**

City **OCALA**      State **FL**      Zip Code **34470**

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:       DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MAYA, OSCAR A	3240 SW 34TH ST	OCALA, FL 34474	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	maya, oscar a	2200 NE 36th Ave Bldg 100 Suite 102	OCALA, FL 34470	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:       Date: **3/30/05**      Telephone: **352 258 1223**

Signature and typed or printed name of signing officer or director