2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Apr 25, 2007 08:00 A Secretary of State DÖCUMENT # P01000110742 KENNEDY LANDSCAPES, INC. Principal Place of Business Mailing Address 10755 SW 17 PLACE 10755 SW 17 PLACE **DAVIE, FL 33324** DAVIE, FL 33324 04232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1154265 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KENNEDY, JOSHUA DO NOT WRITE 10755 SW 17 PLACE **DAVIE, FL 33324** IN THIS SPACE 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KENNEDY, JOSHUA NAME U00000730893 05/08/07-80097-016 150.00 10755 SW 17 PLACE STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33324** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

AND TORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/2007

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