2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 30, 2006 08:00 AM **Secretary of State** DOCUMENT # P02000005131 1. Entity Name JUAN HUERTA LAWN MAINTENANCE, INC. Principal Place of Business Mailing Address 3291 7 AVE NW NAPLES, FL 34120 3291 7 AVE NW NAPLES, FL 34120 03212006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 30-0020493 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUERTA, JUAN DO NOT WRITE 3291 7 AVE NW NAPLES, FL 34120 IN THIS SPACE 6. 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 will, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable INOTE: Registered Apent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE HUERTA, JUAN NAME STREET ADDRESS 3291 7 AVE NW CITY-ST-ZIP NAPLES, FL 341201601 STD NAME HUERTA, EVA TÜÜDUU484547 STREET ADDRESS 3291 7 AVE NW 04/12/06 00047 001 158,75 CITY-ST-ZIP NAPLES, FL 341201601 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS City-St-ZiP

12. I hereby certify that the information supplied with this filling 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 it am an afficer or director of the corporation or the receiver or flustee 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: =

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

FILED