


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90021 014 ***150.00

DOCUMENT # P02000052577	
1. Entity Name PRIDE LAWN AND POOL MAINTENANCE, INC.	

Principal Place of Business 3 WOODWARD LANE PALM COAST, FL 32164-7902	Mailing Address 3 WOODWARD LANE PALM COAST, FL 32164-7902
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2. Principal Place of Business 164 LARAMIE ROAD Suite, Apt. #, etc.	3. Mailing Address 164 LARAMIE ROAD Suite, Apt. #, etc.
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City & State PALM COAST	City & State PALM COAST
Zip 32137 Country	Zip 32137 Country

400411



02232006 Chg-P CR2E034 (11/05)

4. FEI Number 02-0576039	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANHUDO, FRANK 3 WOODWARD LANE PALM COAST, FL 32164-7902	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	164 LARAMIE DRIVE
City	PALM COAST FL
Zip Code	32137

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D SANHUDO, FRANK
STREET ADDRESS	3 WOODWARD LANE
CITY - ST - ZIP	PALM COAST, FL 321647902
TITLE	<input type="checkbox"/> Delete
NAME	D LAVIN-SANHUDO, MARIA
STREET ADDRESS	3 WOODWARD LANE
CITY - ST - ZIP	PALM COAST, FL 321647902
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	164 LARAMIE DRIVE
CITY - ST - ZIP	PALM COAST FL 32137
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	164 LARAMIE DRIVE
CITY - ST - ZIP	PALM COAST, FL 32137
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ Date **3-12-06** Daytime Phone # _____