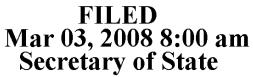
2008 FOR PROFIT CORPORATION



ANNUAL KEPUKI					Secretary of State			
DOCUMENT # P02000079360 1. Entity Name UNITED LAWN MAINTENANCE CORPORATION							90185 025 ***15	
Principal Place of Business 7616 TREASURE ISLAND COURT ORLANDO, FL 32835		Mailing Address 7616 TREASURE ISLAND COURT ORLANDO, FL 32835			400364	.v⊷		
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02282008	Chg-P	CR2E034 (12/06	i)
City & State		City & State			4. FEI Number 56-22824	427	├ ──	Applied For Not Applicable
Zip	Country	Zip •	Country		5. Certificate of		Fee Requi	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered Agent	
PICCOLI, GERALDO 7616 TREASURE ISLAND COURT ORLANDO, FL 32835				Name Street Address (P.O. Box Number is Not Acceptable)				
	ı	City			FL Zip Code			ode
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registered office	or registere	d agent, or both,	in the State of F	Florida. I am familiar wit	n, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E Registered Agent sig	nature required w	rhen reinstating)	··-·	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campai Trust Fund Contr			00 May Be d to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CI	HANGES TO OF	FICERS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PICCOLI, GERALDO 7616 TREASURE ISLAND COUR ORLANDO, FL 32835	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2010F 8	li, Geral Treasure Indo, FL	Talan	⊠ Change d Court	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIGUEIRA, LIZIANE 7616 TREASURE ISLAND CT. ORLANDO, FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9194 31908 3194	eira. Lizi	iane e Isla	. ⊠ Change	e 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	De Folo	lima l	Liane e Isla		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	S	·		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			☐ Change	Addillon
of the cor	certify that the information supplied with on this report or supplier ental report is poration or the receiver of trustee emp or on an attachment with an acturess.	wered to effecute this report :	as required by C	contained in I have the sa hapter 607,	n Chapter 119, F ime legal effect e Florida Statutes;	Florida Statutes. as if made under and that my nar	I further certify that the roath; that I am an office me appears in Block 10	information er or director or Block 11 if