

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092380

Entity Name: D'BEST LAWN CARE, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

5048 ALAVISTA DRIVE
ORLANDO, FL 32837

New Principal Place of Business:

2806 CYPRESS RESERVE CT.
KISSIMMEE, FL 34741

Current Mailing Address:

5048 ALAVISTA DRIVE
ORLANDO, FL 32837

New Mailing Address:

P.O. BOX 771076
ORLANDO, FL 32877

FEI Number: 55-0794672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, EFRAIN
5048 ALAVISTA DRIVE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

HERNANDEZ, EFRAIN
2806 CYPRESS RESERVE CT.
KISSIMMEE, FL 34741 US

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.

SIGNATURE:

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERNANDEZ, EFRAIN
Address: 5048 ALAVISTA DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: VPD () Delete
Name: SANTIAGO, LUIS R
Address: 5048 ALAVISTA DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: TD () Delete
Name: HERNANDEZ, AIMEE
Address: 5048 ALAVISTA DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: SD () Delete
Name: GONZALEZ, MARIA
Address: 5048 ALAVISTA DRIVE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HERNANDEZ, EFRAIN
Address: 2806 CYPRESS RESERVE CT.
City-St-Zip: KISSIMMEE, FL 34741

Title: VPD (X) Change () Addition
Name: SANTIAGO, LUIS R
Address: 2806 CYPRESS RESERVE CT.
City-St-Zip: KISSIMMEE, FL 34741

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS R. SANTIAGO

VP

04/28/2006

Electronic Signature of Signing Officer or Director

Date