2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092380

Entity Name: D'BEST LAWN CARE, INC.

FILED Mar 09, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

2806 CYPRESS RESERVE CT. 14565 BRADDOCK OAK DR. KISSIMMEE, FL 34741 ORLANDO, F 32837 US

Current Mailing Address: New Mailing Address:

P.O. BOX 771076 P.O. BOX 771076 ORLANDO, FL 32877 US

FEI Number: 55-0794672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERNANDEZ, EFRAIN
2806 CYPRESS RESERVE CT.
KISSIMMEE, FL 34741 US
4LL ABOUT FINANCE & MORE, LLC
1633 E. VINE ST.
SUITE 217
KISSIMMEE, FL 34744 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: SAMUEL PEREZ 03/09/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition HERNANDEZ, EFRAIN HERNANDEZ, EFRAIN Name: Name: 2806 CYPRESS RESERVE CT. 14565 BRADDOCK OAK DR. Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: ORLANDO, FL 32837 US

Title: VPD () Delete Title: VP (X) Change () Addition Name: SANTIAGO, LUIS R Name: HERNANDEZ, AIMEE

Address: 2806 CYPRESS RESERVE CT. Address: 14565 BRADDOCK OAK DR. City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: ORLANDO, FL 32837

Title: TD (X) Delete Title: () Change () Addition

 Name:
 HERNANDEZ, AIMEE
 Name:

 Address:
 5048 ALAVISTA DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:

Title: SD (X) Delete Title: () Change () Addition

 Name:
 GONZALEZ, MARIA
 Name:

 Address:
 5048 ALAVISTA DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32837
 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: EFRAIN HERNANDEZ P 03/09/2007