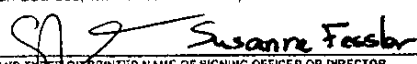


**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT****FILED****06 OCT 16 PM 3:28****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P02000109066					
1. Entity Name LANDSCAPE DESIGN CONCEPTS, INC.					
Principal Place of Business 18880 JOLSON AVENUE #3 BOCA RATON, FL 33496			Mailing Address 18880 JOLSON AVENUE #3 BOCA RATON, FL 33496		
2. Principal Place of Business 8600 Trotters Lane Suite, Apt. #, etc.		3. Mailing Address 8600 Trotters Lane Suite, Apt. #, etc.			
City & State Parkland, FL		City & State Parkland, FL		4. FEI Number 11-3661331	
Zip 33067		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Susanne Fessler 8600 Trotters Ln Parkland, FL 33067			7. Name and Address of New Registered Agent Name Street City, State, Zip Code		
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 _____ Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when retaking) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BURGESS, JAMES 18880 JOLSON AVENUE #3 BOCA RATON, FL 33496 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Fessler, Claus 8600 Trotters Lane Parkland, FL 33067 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U/S/D Fessler, Susanne 8600 Trotters Lane Parkland, FL 33067 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100081205021 10/25/06--01059--009 **61.25 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: X 			10/4/06 954-345-5853		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		