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	Mailing Address
18880 JOLSON AVENUE #3 BOCA RATON, FL 33496	18880 JOLSON AVENUE #3 BOCA RATON, FL 33496

10032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
8600 Trotters Lane Suite, Apt. #, etc.	8600 Trotters Lane Suite, Apt. #, etc.
City & State: Parkland, FL	City & State: Parkland, FL
Zip: 33067 Country: USA	Zip: 33067 Country: USA

4. FEI Number: 11-3661331 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Susanne Fessler 8600 Trotters Ln Parkland, FL 33067	Name Street City FL 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 reinstating) 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	V/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
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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 Susanne Fessler 10/4/06 954-345-5853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #