2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2006 8:00 am Secretary of State DOCUMENT # P02000126028 04-04-2006 90146 039 ***150.00 FLOWER LANDSCAPING, CO. Principal Place of Business Mailing Address 340 SW 7TH AVENUE 340 SW 7TH AVENUE BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435 03062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2074402 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, JOSE F DO NOT WRITE JOHN PORTER ACCOUNTING 400 S FEDERAL HWY #SUITE 404 IN THIS SPACE BOYNTON BEACH, FL 33435 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE" RODRIGUEZ, JOSE F NAME STREET ADDRESS 340 SW 7TH AVENUE CITY-ST-ZIP BOYNTON BEACH, FL 33435 TITLE NAME STREET ADDRESS CITY ST ZIP THILE NAME STREET ADDRESS DO NOT WRITE OFTY ST-ZIP HILE IN THIS SPACE NAME STREET ADDRESS CITY-ST ZIP TITLE STREET ADDRESS CITY-ST ZIP

12. Thereby certify that the information supplied with this filling 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 inspect employered 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 address, with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

NAME STREET ADDRESS CITY ST-ZIP

FILED