## FILED 2007 FOR PROFIT CORPORATION ANNUAL REPORT Apr 23, 2007 08:00 AM Secretary of State DOCUMENT # P03000021992 C J L AFFORDABLE LAWN CARE, INC Principal Place of Business Mailing Address P.O.BOX 10092 P.O.BOX 10092 POMPANO BCH, FL 33061 POMPANO BCH, FL 33061 No Chg-P CR2E034 (11/05) 04052007 DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1175920 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOUIS, CELIRA J DO NOT WRITE 705 NW 14TH TERR STE 3 FT LAUDERDALE, FL 33311 IN THIS SPACE

Applied For

Daytime Phone

Not Applicable

	named entity submits this statement for the pions of registered agent.	urpose of changing its regi	stered office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	fapplicable (NOTE: Reg	rstered Agent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS LOUIS, CELIRA J 705 NW 14TH TERR STE 3 FT LAUDERDALE, FL 33311				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000721175 05/01/07-80135-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			;		
TITLE NAME STREET ADDRESS CHY-ST-ZIP					
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 ansate 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 gifty like empowered.					

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: