2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068209

City-St-Zip:

TALLAHASSEE, FL 32301

Entity Name: CAPITAL ASPHALT REPAIR AND LAWN CARE INC.

FILED Mar 02, 2007 Secretary of State

| Current Principal Place of Business: | | | New Principal F | New Principal Place of Business: | |
|---|--|--------------------------------|---|---|--|
| 4817 EASY TALLAHAS | Y STREET SSEE, FL 323 | 03 | | | |
| Current Mailing Address: | | | New Mailing Ad | New Mailing Address: | |
| P.O. BOX TALLAHAS | 10276 SSEE, FL 323 | 02 | | | |
| FEI Number: | : 42-1611010 | FEI Number Applied For() | FEI Number Not Applicable | () Certificate of Status Desired (X) | |
| Name and | Address of (| Current Registered Agent: | Name and Addr | ess of New Registered Agent: | |
| WATTS, MICHAEL E 2546 ARTHURS COURT LANE TALLAHASSEE, FL 32301 US | | | 8327 HIŃSDALE | WATTS, MICHAEL E 8327 HINSDALE WAY TALLAHASSEE, FL 32312 US | |
| | named entity e of Florida. | submits this statement for the | purpose of changing its regi | stered office or registered agent, or both, | |
| SIGNATURE: | | | | 03/02/2007 | |
| | Electron | nic Signature of Registered Ag | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CH | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D (HOLLAND, SCI 4817 EASY ST TALLAHASSEE | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (HOLLAND, LUL 4817 EASY ST TALLAHASSEE | | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | D (WATTS, MICH/ 2546 ARTHUR: TALLAHASSEE | S CT. LN | Address: 8327 | (X) Change () Addition FS, MICHAEL E HINSDALE WAY AHASSEE, FL 32312 | |
| Title: Name: | D (X WATTS, DEME | | Title: Name: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: MICHAEL E. WATTS D 03/02/2007