


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90061 030 ***150.00

DOCUMENT # P03000095965	
1. Entity Name GREENER PASTURES LAWCARE, INC.	

Principal Place of Business 591 SE RON RICO TER PORT ST LUCIE, FL 34983 US	Mailing Address 591 SE RON RICO TER PORT ST LUCIE, FL 34983 US
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2. Principal Place of Business - No P.O. Box # 458 SE VOLTAIR TERRACE	3. Mailing Address 458 SE VOLTAIR TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT ST LUCIE, FL	City & State PORT ST LUCIE, FL
Zip 34983	Zip 34983
Country US	Country US

01302007 Chg-P CR2E034 (12/06)

4. FEI Number 83-0369145	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MURPHY, NEVILLE
591 SE RON RICO TER
PORT ST LUCIE, FL 34983**

7. Name and Address of New Registered Agent

Name
MURPHY, NEVILLE
Street Address (P.O. Box Number is Not Acceptable)

458 SE VOLTAIR TERRACE
City **PORT ST LUCIE** **FL** Zip Code **34983**

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE MURPHY, NEVILLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURPHY, NEVILLE		NAME MURPHY, NEVILLE	
STREET ADDRESS 591 SE RON RICO TER		STREET ADDRESS 458 SE VOLTAIR TERRACE	
CITY-ST-ZIP PORT ST LUCIE, FL 34983		CITY-ST-ZIP PORT ST LUCIE, FL 34983	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-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 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: *Neville Murphy* **NEVILLE MURPHY** 02-06-07 772-5285955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #