2006 FOR PROFIT CORPORATION

SIGNATURE

Apr 19, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P03000133557 1. Entity Name ELITE TREE SERVICE AND LAWN CARE, INC. Principal Place of Business Mailing Address 4558 MITCHER RD 4558 MITCHER RD **NEW PORT RICHEYT, FL 34652** NEW PORT RICHEYT, FL 34652 01302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2132385 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REALE, JOSEPH DO NOT WRITE 4558 MITCHER RD NEW PORT RICHEYT, FL 34652 IN THIS SPACE 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 lamillar with, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. ("KJTE: Registered Agent signature required when reinstating) \$5.00 May 8# FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSD TITLE REALE, JOSEPH 4558 MITCHER RD STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEYT, FL 34652 U00000517707 : 05/01/06-80053-024 150.00 THLE NAME STREET ADDRESS CITY-ST-ZIP 717LE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BUE IN THIS SPACE NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ACCRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 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 or an attachment with an address, with all other like empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Caytime Phone #