2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 20, 2006 08:00 AM **Secretary of State DOCUMENT # P03000140168** PRISTINE LAWN & LANDSCAPING, INC Mailing Address Principal Place of Business **20 SOUTH BROAD STREET 3423 ROSEBAY COURT** SPRING HILL, FL 34609 BROOKSVILLE, FL 34601 03132006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0423574 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent THE HOGAN LAW FIRM, LLC DO NOT WRITE 20 SOUTH BROAD STREET BROOKSVILLE, FL 34601 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. It am familiar with, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. DPST TITLE NAME FRANCOIS, DANIEL STREET ADDRESS 3423 ROSEBAY COURT CITY-ST-ZIP SPRING HILL, FL 34609 TITLE NAME U00000474656 04/04/06-80032-025 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP *TUTCE* NAME

It 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 path; that I am an officer or director of the corporation or the receiveryor trustee empowered to execute this report as required by Chapter 507, 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNAYORE AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED

352-279-1166

Daytime Phone #