


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90305 030 ***150.00

DOCUMENT # P03000155708	
1. Entity Name EAST BAY LANDSCAPING & IRRIGATION, INC.	

Principal Place of Business 7885 SLEEPY BAY BOULEVARD NAVARRE, FL 32566 US	Mailing Address 7885 SLEEPY BAY BOULEVARD NAVARRE, FL 32566 US
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2. Principal Place of Business 5951 Grandview Drive	3. Mailing Address 5951 Grandview Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Milton, FL	City & State Milton, FL
Zip 32570	Country USA
Zip 32570	Country USA



04202005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0520789	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCALARNEY, ALAN W. JR. 7885 SLEEPY BAY BOULEVARD NAVARRE, FL 32566	7. Name and Address of New Registered Agent Name Alan W. McAlarney, Jr. Street Address (P.O. Box Number is Not Acceptable) 5951 Grandview Drive City Milton FL Zip Code 32570
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCALARNEY, ALAN W. JR.		NAME ALAN W. MCALARNEY, JR	
STREET ADDRESS 7885 SLEEPY BAY BOULEVARD		STREET ADDRESS 5951 GRANDVIEW DRIVE	
CITY-ST-ZIP NAVARRE, FL 32566		CITY-ST-ZIP MILTON, FL 32570	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCALARNEY, CHERYL A		NAME CHERYL A. MCALARNEY	
STREET ADDRESS 7885 SLEEPY BAY BOULEVARD		STREET ADDRESS 5951 GRANDVIEW DRIVE	
CITY-ST-ZIP NAVARRE, FL 32566		CITY-ST-ZIP MILTON, FL 32570	
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 exemption stated in Section 119.07(3)(i), 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: Cheryl A. McAlarney/Cheryl A. McAlarney/4/20/05/850-981-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #