2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 11, 2008 08:00 A Secretary of State DOCUMENT # P04000020702 1. Entity Name VILLAGE MAINTENANCE, INC. Principal Place of Business Mailing Address 4983 BROOK RD 4983 BROOK RD KISSIMMEE, FL 34758 KISSIMMEE, FL 34758 No Chg-P CR2E034 (11/05) 04082008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0669410 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAWKSWORTH, ALAN DO NOT WRITE 4983 BROOK RD KISSIMMEE, FL 34758 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 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees *U*000000892107 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPT TITLE HAWKSWORTH, ALAN NAME STREET ADDRESS 4983 BROOK RD CITY-ST-ZIP KISSIMMEE, FL 34758 TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

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:

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/08

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FILED