2007 FOR PROFIT CORPORATION ANNUAL REPORT

. Mar 05, 2007 08:00 AM **Secretary of State** DOCUMENT # P04000022431 1. Entity Name LIONHEART PALM NURSERYAND LANDSCAPE INC. Principal Place of Business Mailing Address 10032 FOREST RIVER LANE 10032 FOREST RIVER LANE FORT MYERS, FL 33908 FORT MYERS, FL 33908 02132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 71-0964425 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VIDUSSI, JULIET S DO NOT WRITE 10032 FÖREST RIVER LANE FORT MYERS, FL 33908 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000654955 VIDUSSI, JULIET S NAME 03/13/07-00084-006 150.00 STREET ADDRESS 10032 FOREST RIVER LANE FORT MYERS, FL 33908 CITY-ST-ZIP TITLE MARKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TILLE

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 pry 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 illustee 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:

NAME STREET ADDRESS CRTY-ST-ZIP

whit D. Lldw

3/2/07

239-489-2121

FILED