2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000025949

Entity Name: PRO LINE LAWN CARE, INC.

FILED Apr 03, 2007 Secretary of State

3246 SUPREME DRIVE HOLIDAY, FL 34691

Current Mailing Address: New Mailing Address:

3246 SUPREME DRIVE HOLIDAY, FL 34691

FEI Number: 20-0708585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLIFTON, DAVID D CLIFTON, DAVID D MR.
3246 SUPREME DRIVE 3246 SUPREME DRIVE
HOLIDAY, FL 34691 US HOLIDAY, FL 34691 US

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.

SIGNATURE: DAVID CLIFTON 04/03/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition CLIFTON, DAVID D CLIFTON, DAVID D MR. Name: Name: 3246 SUPREME DRIVE 3246 SUPREME DRIVE Address: Address: City-St-Zip: HOLIDAY, FL 34691 City-St-Zip: HOLIDAY, FL 34691

 Title:
 () Delete
 Title:
 CFO () Change (X) Addition

 Name:
 Name:
 CLIFTON, CHRISTINA B MRS

 Address:
 Address:
 3246 SUPREME DR.

 City-St-Zip:
 City-St-Zip:
 HOLIDAY, FL 34691 FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA CLIFTON CFO 04/03/2007