2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State
02-09-2006 90033 009 ***150.00

DOCUMENT # P04000045334

1. Entity Name
REAL LANDSCAPE, INC.

Principal Place of Business	Mailing Address
607 B NORTH BROADWAY LANTANA, FL 33462 US	607 B NORTH BROADWAY LANTANA, FL 33462 US

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02012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
556 SW 24 AVE		556 SW 24 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: BOYNTON BCH FL		City & State: BOYNTON BCH FL	
Zip: 33435	Country: USA	Zip: 33435	Country: USA

4. FEI Number 80-0103719 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEDER, SHANE
~~607 B NORTH BROADWAY~~
~~LAKE WORTH, FL 33462~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 556 SW 24 AVE
City BOYNTON BCH FL Zip Code 33435

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] SHANE LEDER - PRESIDENT - 2/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	P D ☒ Change ☐ Addition
NAME	~~LEDER, SHANE~~	NAME	SHANE LEDER
STREET ADDRESS	~~607 B NORTH BROADWAY~~	STREET ADDRESS	556 SW 24 AVE
CITY-ST-ZIP	~~LANTANA, FL 33462~~	CITY-ST-ZIP	BOYNTON BCH FL 33435
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 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: [signature] SHANE LEDER - PRESIDENT - 2/6/06 (561) 644-7507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #