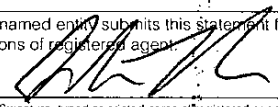
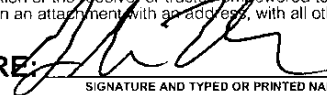


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90033 009 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                            |  |                                                                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000045334</b><br>1. Entity Name<br><b>REAL LANDSCAPE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                            |  |                                                                                                                           |  |
| Principal Place of Business<br><b>607 B NORTH BROADWAY<br/>LANTANA, FL 33462 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                            |  | Mailing Address<br><b>607 B NORTH BROADWAY<br/>LANTANA, FL 33462 US</b>                                                                                                                                    |  |
| 2. Principal Place of Business<br><b>556 SW 24 AVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 3. Mailing Address<br><b>556 SW 24 AVE</b> |  |                                                                                                                                                                                                            |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Suite, Apt. #, etc.                        |  |                                                                                                                                                                                                            |  |
| City & State<br><b>BOYNTON BCH FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | City & State<br><b>BOYNTON BCH FL</b>      |  | 4. FEI Number<br><b>80-0103719</b>                                                                                                                                                                         |  |
| Zip<br><b>33435</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Country<br><b>USA</b>                      |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                     |  |
| Zip<br><b>33435</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Country<br><b>USA</b>                      |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                                                                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LEDER, SHANE</b><br><del><b>607 B NORTH BROADWAY</b></del><br><del><b>LAKE WORTH, FL 33462</b></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                            |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>556 SW 24 AVE</b><br><br>City<br><b>BOYNTON BCH</b>                                    |  |
| 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.<br><br>SIGNATURE  <b>SHANE LEDER</b><br><b>- PRESIDENT -</b>                                                                                                                                                                                                                                                                 |  |                                            |  | DATE<br><b>2/6/06</b>                                                                                                                                                                                      |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                            |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                     |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                            |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                      |  |
| TITLE <b>P</b> <input type="checkbox"/> Delete<br>NAME <b>LEDER, SHANE</b><br>STREET ADDRESS <del><b>607 B NORTH BROADWAY</b></del><br>CITY-ST-ZIP <del><b>LANTANA, FL 33462</b></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                            |  | TITLE <b>P D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME <b>SHANE LEDER</b><br>STREET ADDRESS <b>556 SW 24 AVE</b><br>CITY-ST-ZIP <b>BOYNTON BCH FL 33435</b> |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                            |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                            |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                            |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                            |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                            |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>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  <b>SHANE LEDER</b><br><b>- PRESIDENT -</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                            |  | Date <b>2/6/06</b> Daytime Phone # <b>(561) 644-7507</b>                                                                                                                                                   |  |