2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2006 08:00 AM Secretary of State

DOCUMENT # P0400056321 1. Entity Name HIGH STANDARD'S LANDSCAPE & SPORTS TURF, INC.					Secret	ary of S	tate
Principal Place of Business Mailing Address 13436 61ST STREET NORTH 13436 61ST STREET NORTH WEST PALM BEACH, FL 33412 WEST PALM BEACH, FL 33412			2		n www. who is weath which which	KA Bulu bakan ukan ukan	THE CHANGE IN SHELL
	OO NOT WRITE I	CE	01052008	No Chg-P	CR2E034 (11/		
Name and Address of Current Registered Agent				4. FEI Numb 20-090 5. Certificate		\$8.75 Fee Rec	Not Applicab Additional
PICKETT, BRENDA 13438 61ST STREET NORTH WEST PALM BEACH, FL 33412			DO NOT WRITE IN THIS SPACE				
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 familier with, and accept the obligations of registered agent. SignATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE. Registered Agent agreed when reduced							
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00		00 May Be ed to Fees	Hn0ar 04/0 8/ 08	104 78583 3-8001 1 - 818	150.00	
10. ITILE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP	PT PICKETT, BRENDA 13436 61ST STREET NORTH WEST PALM BEACH, FL 33412 S SMITH, EDDIE 13438 61ST STREET NORTH WEST PALM BEACH, FL 33412	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-IDP TITLE NAMC STREET ADDRESS CITY-ST-ZIP					NOT W THIS SP		

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 my signature shall have the same legal effect as if made under oath; that I am an officer or director of the composition or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackingfut with an address, with all office file empowered 1.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

PARTURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR O'RECTOR

3/21/00 (50) 795-8