2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 12, 2007 8:00 am Secretary of State DOCUMENT # P04000071540 03-12-2007 90083 033 ***158.75 SOUTHERN LAWN TECH INC. Principal Place of Business Mailing Address 851 W BIRCHWOOD CIR 851 W BIRCHWOOD CIR KISSIMMEE, FL 34743 KISSIMMEE, FL 34743 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 3335 Packard Ave 3335 Packard Ave Suite, Apt. #, etc. Suite, Apt. #, etc. 02272007 Chg-P CR2E034 (12/06) City & State St. Goud Applied For 4. FEI Number FI. St. Cloud 06-1723825 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Osceola 1Sceola Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Hewell, Matthew R. Street Address (P.O. Box Number is Not Acceptable) HEWETT, MATTHEW R 851 W BIRCHWOOD CIR KISSIMMEE, FL 34743 3335 Packard Ave. 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Hewett, matthew TITLE Delete TITLE HEWETT, MATTHEW NAME NAME 3335 Packard Ave. STREET ADDRESS 851 W. BIRCHWOOD CIRCLE STREET ADDRESS KISSIMMEE, FL 34743 CITY-ST-ZIP CJTY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition HEWETT, DENNIS NAME NAME STREET ADDRESS 851 W BIRCHWOOD CIRCLE STREET ADDRESS KISSIMMEE, FL 34743 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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.

FILED