
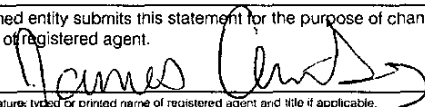
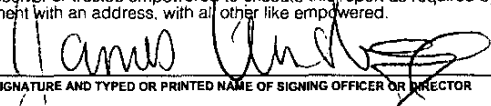


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90137 013 ***550.00

DOCUMENT # P04000085434 1. Entity Name A SCENIC VIEW LANDSCAPING, INC.					
Principal Place of Business 5334 CENTRAL FL PKWY ORLANDO, FL 32821 US			Mailing Address 5334 CENTRAL FL PKWY ORLANDO, FL 32821 US		
2. Principal Place of Business 5334 Central FL PKWY Suite, Apt. #, etc.		3. Mailing Address P.O. Box 560142 Suite, Apt. #, etc.			
City & State ORLANDO, FL Zip 32821 Country USA		City & State ORLANDO, FL Zip 32856 Country USA		4. FEI Number 20-1184325	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BENDER, GERALD 5334 CENTRAL FL PKWY P O BOX 271 ORLANDO, FL 32821			7. Name and Address of New Registered Agent Name JAMES ARMSTRONG Street Address (P.O. Box Number is Not Acceptable) 1816 Weeks Ave City ORLANDO FL Zip Code 32806		
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  DATE 7-13-06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BENDER, GERALD 5334 CENTRAL FL PKWY ORLANDO, FL 32821	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ARMSTRONG, JAMES 1816 Weeks Ave ORLANDO, FL 32806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS ARMSTRONG, JAMES 4936 WHALER'S WAY ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7/14/06 Daytime Phone # 321-297-4289		