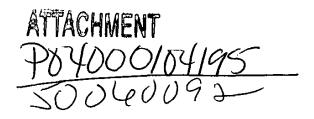
2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 05, 2005 8:00 am Secretary of State **DOCUMENT # P04000104195** 08-05-2005 90002 009 ***150.00 1. Entity Name IRRIGATION EXPERT, INC. Principal Place of Business Mailing Address 50060092 203 GATEWAY BLVD. 203 GATEWAY BLVD. BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07272005 CR2E034 (10/03) Cha-F City & State City & State 4. FEI Number Applied For Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANCISCO, JAVIER Street Address (P.O. Box Number is Not Acceptable) 203 GATEWAY BLVD. BOYNTON BEACH, FL 33435 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Addition ☐ Delete ☐ Change NAME FRANCISCO, JAVIER NAME 203 GATEWAY BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 CITY-ST-ZIP ☐ Delete TITLE 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 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CCTY-ST-7IP TITLE Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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



July 27, 2005

Division of Corporations P.O. Box 1500 Tallahassee, FI 32302 -1500

To Whom It May Concern:

The purpose of my letter is because I have been advised by my bank that my corporation is about to be inactive for failure to pay our UBR please know that the reason why I have not paid such is because I did not receive the UBR. Therefore I have attached my check #170 in the amount of \$150.00 to pay for my 2004 UBR.

Please accept my apologies for any inconvenience this might have caused.

Sincerely

IRRIGATION EXPERTS, INC.

Javier Francisco

President