2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 03, 2008 8:00 am Secretary of State 09-03-2008 90005 045 ***158.75 DOCUMENT # P04000117078 NATÚRAL ARTS TREE & LANDSCAPING CORP. Principal Place of Business Mailing Address 40115056 6660 EATON STREET 6660 EATON STREET HOLLYWOOD, FL 33024 US HOLLYWOOD, FL 33024 US CR2E034 (11/05) 08272008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1494166 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBINSON, TERRY W DO NOT WRITE 6660 EATON STREET HOLLYWOOD, FL 33024 IN THIS SPACE 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. (NOTE Registered Agent signature required when reinstating) 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 Trust Fund Contribution. Due by September 12, 2008 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE D ROBINSON, TERRY W 6660 FATON STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33024 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

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: | | | |
|------------|--|------|----------------|
| | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytme Phone # |

NAME STREET ADDRESS CITY-ST-ZIP