

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000128424

FILED
Mar 25, 2008
Secretary of State

Entity Name: TREEMENDOUS LANDSCAPE HEALTHCARE AND PEST CONTROL INC.

Current Principal Place of Business:

25400 SW 147TH AVE.
HOMESTEAD, FL 330325323 US

New Principal Place of Business:

Current Mailing Address:

25400 SW 147TH AVE.
HOMESTEAD, FL 330325323 US

New Mailing Address:

FEI Number: 02-0730606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

SOLLY, ALEXIS W DPT
25400 SW 147TH AVE
HOMESTEAD, FL 33032-532 US

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.

SIGNATURE: ALEXIS W. SOLLY

03/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVS () Delete
Name: SOLLY, JAMES
Address: 25400 SW 147 AVE
City-St-Zip: HOMESTEAD, FL 33032 US

Title: DPT () Delete
Name: SOLLY, ALEXIS
Address: 25400 SW 147 AVE
City-St-Zip: HOMESTEAD, FL 33032 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXIS W SOLLY

DPT

03/25/2008

Electronic Signature of Signing Officer or Director

Date