


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000137552 1. Entity Name TOTAL TREE SERVICE OF SARASOTA, INC.	
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FILED
07 SEP 19 AM 10: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2356 VINTAGE STREET SARASOTA, FL 34240	Mailing Address 2356 VINTAGE STREET SARASOTA, FL 34240
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09112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1703215	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent POWERS, WILLIAM 2356 VINTAGE STREET SARASOTA, FL 34240	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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) DATE _____

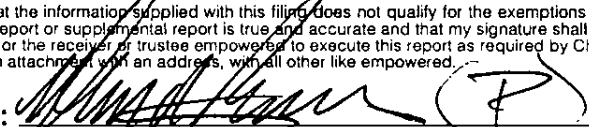
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	POWERS, WILLIAM
STREET ADDRESS	2356 VINTAGE STREET
CITY - ST - ZIP	SARASOTA, FL 34240
TITLE	VP
NAME	POWERS, SHAWN
STREET ADDRESS	2356 VINTAGE STREET
CITY - ST - ZIP	SARASOTA, FL 34240
TITLE	
NAME	\$79/20
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

100109658451
09/19/07--01044--015 **150.00

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:  (P) 9/13/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #