2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153265

Apr 22, 2005 Secretary of State

Entity Name: LAWN MASTERS LANDSCAPING AND IRRIGATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2587 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744

Current Mailing Address: New Mailing Address:

2587 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744

FEI Number: 11-3731825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SALAZAR, JUAN A SALAZAR, JUAN A

11304 ASHBORO DR. 2587 NORTH ORANGE BLOSSOM TRAIL

ORLANDO, FL 32837 US KISSIMMEE, FL 34744 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

in the State of Florida.

SIGNATURE: JUAN A. SALAZAR 04/22/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: VD (X) Change () Addition

Name: GIBBONS, VICTOR Name: GIBBONS, VICTOR

Address: 4336 GREAT HARBOR LANE Address: 2587 NORTH ORANGE BLOSSOM TRAIL

City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: KISSIMMEE, FL 34744

Title: VD (X) Delete Title: () Change () Addition

 Name:
 WEISMAN, THOMAS
 Name:

 Address:
 156 SANDLEWOOD DR.
 Address:

 City-St-Zip:
 KISSIMMEE, FL 34743
 City-St-Zip:

Name: SALAZAR, JUAN A Name: SALAZAR, JUAN A

Address: 11304 ASHBORO DR. Address: 2587 NORTH ORANGE BLOSSOM TRAIL

City-St-Zip: ORLANDO, FL 32837 City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUAN A. SALAZAR D 04/22/2005