2008 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Jan 28, 2008 08:00 AN Secretary of State **DOCUMENT # P05000008486** 1. Entity Name **EUROPE LANDSCAPING INC** Principal Place of Business Mailing Address 1415 FRANCIS AVE 1415 FRANCIS AVE SARASOTA, FL 34232 SARASOTA, FL 34232 CR2E034 (11/05) 01212008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2057883 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MISKO, PETER DO NOT WRITE 1415 FRANCIS AVE SARASOTA, FL 34232 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. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MISKO, PETER STREET ADDRESS 1415 FRANCIS AVE U00000800781 01/31/08-80032-002 150.00 CITY-ST-ZIP SARASOTA, FL 34232 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #