2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT

Feb 16, 2007 08:00 7 Secretary of State DOCUMENT # P05000011891 PROFILE LAWN CARE, INC. Principal Place of Business Mailing Address 2051 CAPPS ROAD 2051 CAPPS ROAD LAKE WALES, FL 33898 LAKE WALES, FL 33898 01252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2250171 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOWARD, LONNIE D DO NOT WRITE 2051 CAPPS ROAD LAKE WALES, FL 33898 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ח TITLE HOWARD, LONNIE D NAME U00000637360 02/26/07-80057-018 150.00 2051 CAPPS ROAD STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 perpowered.

SIGNATURE:

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