2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:)

Aug 24, 2006 8:00 am Secretary of State DOCUMENT # P05000019315 08-24-2006 90061 043 ***150.00 ARTHUR'S COMPLETE LAWN & LANDSCAPING INC Principal Place of Business Mailing Address 1260 SW 9 AVE 1260 SW 9 AVE **JUURDIJ**C... DEERFIELD BCH, FL 33441 DEERFIELD BCH, FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08172006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-2293532 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number Is Not Acceptable) TAX HOUSE CORPORATION 1261 E SAMPLE RD POMPANO BCH, FL 33064 2522 N. State Rd. 7 city Margate 8. The above named early 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 SIGNATURÍ Registered Agent signature required when rematating) 9. Election Campaign Financing FILE NOW!!! FFF/IS \$160 do \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TILLE Addition Change WILLIAMS, ARTHUR NAME NAME STREET ADDRESS 1260 SW 9 AVE STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH, FL 33441 CITY-ST-ZIP VD. TITLE ☐ Delete TITLE ☐ Change Addition WILLIAMS, ARTHUR SR NAME NAME STREET ADDRESS 1260 SW 9 AVE STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH, FL 33441 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7ITLE ☐ Delete IM E ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 empowered.

Daytone Phone #