

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90020 001 \*\*\*150.00  
02-28-2006 90020 002 \*\*\*\*\*8.75

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<b>DOCUMENT # P05000019387</b> 1. Entity Name ISLAND VIBZ LANDSCAPING, INC.			
Principal Place of Business 1375 SW 101 WAY, APT. 209 PEMBROKE PINES, FL 33025		Mailing Address 1375 SW 101 WAY, APT. 209 PEMBROKE PINES, FL 33025	
2. Principal Place of Business 12118 Washington St. Suite, Apt. #, etc. Bldg. #71 City & State Pembroke Pines, FL Zip 33025 Country U.S.A.		3. Mailing Address 12118 Washington St. Suite, Apt. #, etc. Bldg. #71 City & State Pembroke Pines, FL Zip 33025 Country U.S.A.	
4. FEI Number 202328079		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNOTT, DONNAREE 1375 SW 101 WAY, APT. 209 PEMBROKE PINES, FL 33025		7. Name and Address of New Registered Agent Name: Donnaree Knott Street Address (P.O. Box Number is Not Acceptable): 12118 Washington St, Bldg. 71 City: Pembroke Pines FL Zip Code: 33025	
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: <u>Donnaree Knott</u> DATE: <u>2-3-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE: P <input type="checkbox"/> Delete NAME: KNOTT, RICHARD STREET ADDRESS: 1375 SW 101 WAY, APT. 209 CITY-ST-ZIP: PEMBROKE PINES, FL 33025	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: President Knott, Richard STREET ADDRESS: 12118 Washington Street Bldg 71 CITY-ST-ZIP: Pembroke Pines FL 33025	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: VICE-PRESIDENT Knott, Donnaree STREET ADDRESS: 12118 Washington Street Bldg. 71 CITY-ST-ZIP: Pembroke Pines FL 33025	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Secretary Knott, Donnaree STREET ADDRESS: 12118 Washington Street Bldg 71 CITY-ST-ZIP: Pembroke Pines FL 33025
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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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: <u>Donnaree Knott</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2-3-06</u> Daytime Phone #:	