2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 11, 2008
Secretary of State

DOCUMENT# P05000019387

Entity Name: ISLAND VIBZ LANDSCAPING, INC.

Current Principal Place of Business:

7612 S. STONECREEK CIRCLE
DAVIE, FL 33024

New Principal Place of Business:

Current Mailing Address:

7612 S. STONECREEK CIRCLE
DAVIE, FL 33024

New Mailing Address:

FEI Number: 20-2328079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNOTT, DONNAREE
7612 S. STONECREEK CIRCLE
DAVIE, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KNOTT, RICHARD
Address: 7612 S. STONECREEK CIRCLE
City-St-Zip: DAVIE, FL 33024

Title: VP1 ( ) Delete
Name: KNOTT, DONNAREE
Address: 7612 S. STONECREEK CIRCLE
City-St-Zip: DAVIE, FL 33024

Title: ST ( ) Delete
Name: KNOTT, DONNAREE
Address: 7612 S. STONECREEK CIRCLE
City-St-Zip: DAVIE, FL 33024

Title: VP2 (X) Delete
Name: COWAN, BETTY
Address: 7612 S. STONECREEK CIRCLE
City-St-Zip: DAVIE, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: KNOTT, DONNAREE
Address: 7612 S. STONECREEK CIRCLE
City-St-Zip: DAVIE, FL 33024

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DONNAREE KNOTT VP 11/11/2008

Electronic Signature of Signing Officer or Director — Date