## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000023571

Name:

Address: City-St-Zip: FROWD, ANTONY

15 AUKINGFORD GARDENS

ONGAR, ESSEX, UK CM5 0BG

Entity Name: WEST HAVEN LANDSCAPING CORPORATION

FILED Mar 08, 2007 Secretary of State

•						
Current Principal Place of Business:				New Principal Place of Business:		
7491 CONROY WINDERMERE ROAD SUITE #F ORLANDO, FL 32835				6200 METROWEST BLVD SUITE 208 ORLANDO, FL 32835		
Current Mailing Address:				New Mailing Address:		
2813 S HIAWASSEE ROAD SUITE 104 ORLANDO, FL 32835				6200 METROWEST BLVD SUITE 208 ORLANDO, FL 32835		
FEI Number:	20-2328974	FEI Number Applied For ( )	FEI Number Not	Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
INTERNATIONAL PROFESSIONAL SERVICES CORP 2813 S HIAWASSEE ROAD SUITE 104 ORLANDO, FL 32835 US				MINESH PATEL 6200 METRWEST BLVD SUITE 208 ORLANDO, FL 32835 US		
The above in the State		submits this statement for the p	urpose of changi	ing its registered	office or registered agent, or both,	
SIGNATURE: M PATEL				03/08/2007		
Electronic Signature of Registered Agent				Date		
Election Carr	paign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PATEL, AKSHA 27 BUSHMOO	) Delete AY RE CRESCENT ILL, WOOLWICH, UK SE18 3EG	Title: Name: Address: City-St-Z	:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	PATEL, RETIN	OAD, PLUMSTEAD	Title: Name: Address: City-St-Z	:	) Change ()Addition	
Title:	D (	) Delete	Title:	(	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: A PATEL P 03/08/2007