

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90036 009 \*\*\*150.00

<b>DOCUMENT # P05000033256</b> 1. Entity Name <b>OSLO OAKS LANDSCAPE, INC.</b>					
Principal Place of Business <b>4523 6TH LANE, SW                  VERO BEACH, FL 32968</b>		Mailing Address <b>4523 6TH LANE, SW                  VERO BEACH, FL 32968</b>			
2. Principal Place of Business <b>1926 14th Ave</b>		3. Mailing Address <b>1926 14th Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Vero Beach FL</b>		City & State <b>Vero Beach FL</b>		4. FEI Number <b>20-2471181</b>	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip <b>32960</b>		Country <b>USA</b>		Zip <b>32960</b>	
Country <b>USA</b>		Country <b>USA</b>		01042006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>MCGANN, KENNETH A.                  4523 6TH LANE, SW                  VERO BEACH, FL 32968</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ DATE _____ <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                  After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MCGANN, KENNETH A.                  4523 6TH LANE, SW                  VERO BEACH, FL 32968</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HORWITZ, STEPHEN M.                  7401 CABANA LANE                  FT. PIERCE, FL 34951</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 filers empowered.					
SIGNATURE: <u><i>Kenneth McGann</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>1-4-06</u>		Daytime Phone #: <u>772-978-1610</u>	