2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P05000049622 1. Entity Name CURB APPEAL OF PINELLAS, INC. Principal Place of Business 6221 70TH AVENUE PINELLAS PARK, FL 33781 Mailing Address 6221 70TH AVENUE PINELLAS PARK, FL 33781

FILED Apr 16, 2008 08:00 A Secretary of State

03252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2647639 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREEN, RICHARD D DO NOT WRITE 1010 DREW STREET CLEARWATER, FL 33755 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D NAME ADAMES, HIPOLITO STREET ADDRESS **6221 70TH AVENUE** U00000901028 04/29/08-80053-008 158.75 CITY-ST-ZIP PINELLAS PARK, FL 33781 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 spirit an address, with all other-like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

URE D TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

PRESIDENT