2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000053750 06-16-2006 90102 017 ***150.00 1. Entity Name PERFECTATRIM LANDSCAPING, INC Principal Place of Business Mailing Address **TUUUUII** V 1024 CORBIN COURT 1024 CORBIN COURT OVIEDO, FL 32765 OVIEDO, FL 32765 3. Mailing Address 670 Old Geneua 2. Principal Place of Business 670 Genevall Suite, Apt. #, etc. Suite, Apt. #, etc. 06122006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number 5769 Applied For senesa senesa Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RASBERRY, ERIC M 1024 CORBIN COURT Geneva OVIEDO, FL 32765 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change TITLE ☐ Addition TITLE RASBERRY, ERIC M NAME NAME Genera RD. New address -> 70 010 1024 CORBIN COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OVIEDO, FL 32765 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-21P ☐ Change ☐ Addition Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED Jun 16, 2006 8:00 am