2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000069271

Entity Name: AMERICAS LAWNS CARE LINC

7081 NW 16TH ST. #B-419

PLANTATION, FL 33313

Address: City-St-Zip: FILED Apr 19, 2006 Secretary of State

	THE TANKEROOF	O EX WITTO CONTROL THE CO.			
Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
7081 NW 16TH ST.					
#B-419 PLANTAT	ION, FL 33313	}			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
7081 NW 16TH ST.			g	Š	
#B-419					
PLANTAT	ION, FL 33313	}			
FEI Number: 04-3814473 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	16TH ST. ION, FL 33313		ournose of changing its registered	l office or registered agent, or both,	
	e of Florida.	submits this statement for the p	ourpose of changing its registered	ronice of registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO (BOONE, DARR 7081 NW 16TH PLANTATION,	I ST. #B-419	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (BOONE, DERF 215 NE 23RD (WILTON MANO	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SEC. (WOOTEN, ALA) Delete NA G	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: DARRYL T. BOONE CEO 04/19/2006