2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2007
Secretary of State

DOCUMENT# P05000074637

Entity Name: GROUND COVER SOLUTIONS INCORPORATED

Current Principal Place of Business:

6584 MAGNOLIA LN
FT. MYERS, FL 33912

New Principal Place of Business:

10211 RIVER DRIVE
BONITA SPRINGS, FL 34135

Current Mailing Address:

6584 MAGNOLIA LN
FT. MYERS, FL 33912

New Mailing Address:

10211 RIVER DRIVE
BONITA SPRINGS, FL 34135

FEI Number: 54-2149506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIREY, SHANE
6584 MAGNOLIA LN
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

SHIREY, SHANE
10211 RIVER DRIVE
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: SHANE SHIREY 10/08/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHIREY, SHANE
Address: 6584 MAGNOLIA LN
City-St-Zip: FT. MYERS, FL 33912

Title: D (X) Delete
Name: MENA, CHRISTOBAL
Address: 2213 LILLY RD
City-St-Zip: FT. MYERS, FL 33905

Title: D (X) Delete
Name: CRAWFORD, KEATON
Address: 1368 NUNA AVE.
City-St-Zip: FT. MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHIREY, SHANE
Address: 10211 RIVER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: SHANE SHIREY PD 10/08/2007
Electronic Signature of Signing Officer or Director Date