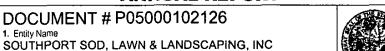
2006 FOR PROFIT CORPORATION

ANNUAL REPORT





FILED

May 09, 2006 8:00 am Secretary of State

05-09-2006 90066 003 ***150.00

SOUTHPORT SOD, LAWN & LANDSCAPING, INC Mailing Address Principal Place of Business 1100 W. SOUTH PORT RD 1100 W. SOUTH PORT RD KISSIMMEE, FL 43746 KISSIMMEE, FL 43746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04272006 CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 20-3177627 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARRERAS, JONATHAN 1100 W. SOUTHPORT RD Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE, FL 32746 Zip Code City ,* 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE ☐ Change ■ Addition TITL F BARRERAS, MERCEDES F NAME NAME 1100 W. SOUTHPORT RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP KISSIMME, FL 34746 TITLE VP/S Delete TITLE ☐ Change Addition BARRERAS, JONATHAN NAME NAME STREET ADDRESS 1100 W. SOUTHPORT RD STREET ADDRESS KISSIMMEE, FL 34746 CITY+ST-ZIP CHY-\$1-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BARRERAS, ANDREW NAME 1100 W. SOUTH PORT RD STREET ADDRESS STREET ADDRESS KISIMMEE, FL 34746 CITY-ST-ZIP CITY-S1-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIILE Сhапре ■ Addition HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dayume Phone #