2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# P05000113656

Entity Name: LUNA LAWN SERVICE, INC.

Current Principal Place of Business:

1350 W. 46TH ST., APT. 217
HIALEAH, FL 33012

New Principal Place of Business:

559 WEST 64TH DRIVE
HIALEAH, FL 33012

Current Mailing Address:

1350 W. 46TH ST., APT. 217
HIALEAH, FL 33012

New Mailing Address:

559 WEST 64TH DRIVE
HIALEAH, FL 33012

FEI Number: 20-3320519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONTE, NANCY
1350 W. 46TH ST., APT. 217
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

FONTE, NANCY
559 WEST 64TH DRIVE
HIALEAH, FL 33012 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: NANCY FONTE 03/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FONTE, NANCY
Address: 1350 W. 46TH ST., APT. 217
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FONTE, NANCY
Address: 559 WEST 64TH DRIVE
City-St-Zip: HIALEAH, FL 33012

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: NANCY FONTE D 03/30/2009
Electronic Signature of Signing Officer or Director Date