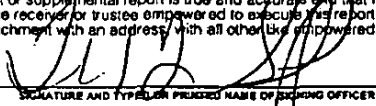


2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-01-2006 90339 034 ***150.00

DOCUMENT # P05000119329					
1. Entity Name PRISTINE LANDSCAPING INC.					
Principal Place of Business 904 CARVELL DR WINTER PARK, FL 32792			Mailing Address 904 CARVELL DR WINTER PARK, FL 32792		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 203596745	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMITH, DAVID 904 CARVELL DR WINTER PARK, FL 32792				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SMITH, DAVID		NAME		
STREET ADDRESS	904 CARVELL DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP		
TITLE	VT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SLOOP-SMITH, TRISHA		NAME		
STREET ADDRESS	904 CARVELL DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 			Date: 4/26/2006  325-0098		
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR			Daytime Phone #		

66019285



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