

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90002 025 ***158.75

DOCUMENT # P05000152876 <small>ys Entity Name</small> NORTHERN LIGHTS PROFESSIONAL TREE SERVICES, INC.					
<small>Principal Place of Business</small> 1005 NORTH J STREET LAKE WORTH, FL 33460			<small>Mailing Address</small> 1005 NORTH J STREET LAKE WORTH, FL 33460		
<small>Principal Place of Business</small>			<small>Mailing Address</small>		
<small>Suite, Apt. #, etc.</small>			<small>Suite, Apt. #, etc.</small>		
<small>City & State</small>			<small>City & State</small>		
<small>Zip</small>		<small>Country</small>		<small>Zip</small>	
<small>Country</small>		<small>Country</small>		<small>FEI Number</small>	
<small>Applied For</small> <input checked="" type="checkbox"/> Not Applicable				<small>Additional Fee Required</small> <input checked="" type="checkbox"/>	
<small>IS Certificate of Status Desired</small> <input checked="" type="checkbox"/>				<small>Chg-P</small>	
<small>CR2E034 (11/05)</small>				<small>50026476</small>	
PREISER, DEREK 1005 NORTH J STREET LAKE WORTH, FL 33460				<small>Name</small> _____ <small>Street Address (P.O. Box Number is Not Acceptable)</small> _____ <small>City</small> 01 <small>Zip Code</small>	
<small>ns 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.</small>					
<small>SIGNATURE</small> <small>8-8-06</small> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when creating)</small> <small>DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		<small>IS Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/>		<small>sl Std May Be Added to Fees</small>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<small>ys OFFICERS AND DIRECTORS</small>			<small>ys ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	CEO TUTUSKA, EDWARD 1005 NORTH J STREET LAKE WORTH, FL 33460		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>ys 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 if changed, or on an attachment with an address, with all other like empowered.</small>					
G,H: uH E. L. Edward Tutuska			08/08/06 754-234-9703		

Please call if problems. TV