

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90182 022 \*\*\*150.00

<b>DOCUMENT # P05000168466</b> 1. Entity Name <b>R&amp;D LAWN CARE SPECIALISTS INC.</b>			
Principal Place of Business <b>226 A ST. JOES PLAZA DRIVE #128 PALM COAST, FL 32164</b>		Mailing Address <b>226 A ST. JOES PLAZA DRIVE #128 PALM COAST, FL 32164</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>520 Brickell Key Dr.</b> Suite, Apt. #, etc. <b>Suite 0-305</b> City & State <b>MIAMI, FL.</b> Zip <b>33131</b> Country <b>USA</b>	
4. Fee Number <b>20-4251407</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TRANSGLOBAL CORPORTION ADMINISTRATION, LLC 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>Transglobal Corporate Administration, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>520 BRICKELL KEY DRIVE SUITE 0-305</b> City <b>MIAMI</b> FL Zip Code <b>33131</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <b>04/11/06</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LAWLESS, DREW 6304 BARNESDALE PATH CENTREVILLE, VA 20120	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HELMAN, ROBERT 22 RIPCORN LANE PALM COAST, FL 32164	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Andrew F. Lawless</b>		Date <b>4/11/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>703 698 7474</b>	