2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 28, 2008
Secretary of State

DOCUMENT# P06000021689

Entity Name: TROPICAL FLORIDA LANDSCAPING, INC.

Current Principal Place of Business:

1505 GLEN HAVEN AVE.
MERRITT ISLAND, FL 32952 US

New Principal Place of Business:

741 S. ORLANDO AVE
COCOA BEACH, FL 32931 US

Current Mailing Address:

P.O. BOX 321460
COCOA BEACH, FL 329321460 US

New Mailing Address:

P.O. BOX 321460
COCOA BEACH, FL 32932 US

FEI Number: 20-4328723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUDE, GREGORY M OWNER
1505 GLEN HAVEN AVE
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: CUDE, GREGORY M
Address: 1505 GLEN HAVEN AVE
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: PVST ( ) Delete
Name: CUDE, GREGORY M
Address: 1505 GLEN HAVEN AVE.
City-St-Zip: MERRITT ISLAND, FL 32952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: CUDE, GREGORY M OWNER
Address: P.O. BOX 321460
City-St-Zip: COCOA BEACH, FL 32932 US

Title: PVST (X) Change ( ) Addition
Name: GREGORY, CUDE M OWNER
Address: P.O. BOX 321460
City-St-Zip: COCOA BEACH, FL 32932 US

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: GREGORY M. CUDE OWNE 03/28/2008

Electronic Signature of Signing Officer or Director Date