2008 FOR PROFIT CORPORATION

Jun 05, 2008 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P06000029248 DIDATOS LANDSCAPE & GRADEING INC. Principal Place of Business Mailing Address 3814 GREENWOOD AVE 3814 GREENWOOD AVE WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 04112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1695656 Not Applicable \$8.75 Additional 5. Certificate of Status Desired DO NOT WRITE 6. Name and Address of Current Registered Agent DIDATO, JAMES 3814 GREENWOOD AVE WEST PALM BEACH, FL 33407 IN THIS SPACE 8. The above named entity submits this statement for the our ose 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 ames (SIGNATURE. Signature, typed or printed ri *!!ถกกัก*คร2767 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 06/05/08-80001-020 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE DIDATO, JAMES NAME STREET ADDRESS 3814 GREENWOOD AVE CITY-ST-ZIP WEST PALM BEACH, FL 33407 VST TITLE DIDATO, JAMES NAME STREET ADDRESS 3814 GREENWOOD AVE CITY-ST-ZIP WEST PALM BEACH, FL 33407 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 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:

TITLE NAME STREET ADDRESS

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED