2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P06000054118

Entity Name: POST LAWNCARE AND LANDSCAPING, INC.

Current Principal Place of Business:

6264 W. HOLIDAY STEET
HOMOSASSA, FL 34446 US

New Principal Place of Business:

1730 N. RIBBON TER.
LECANTO, FL 34445 US

Current Mailing Address:

6264 W. HOLIDAY STEET
HOMOSASSA, FL 34446 US

New Mailing Address:

1730 N. RIBBON TER.
LECANTO, FL 34445 US

FEI Number: 20-4768347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A&R ACCOUNTING AND TAX ASSOCIATES
26 WEST BLUE SAGE CT.
BEVERLY HILLS, FL 34465 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POST, ANNA
Address: 6264 W. HOLIDAY ST
City-St-Zip: HOMOSASSA, FL 34446 US

Title: VP ( ) Delete
Name: POST, WILLIAM
Address: 6264 W. HOLIDAY ST
City-St-Zip: HOMOSASSA, FL 34446 US

Title: S ( ) Delete
Name: POST, ANNA
Address: 6264 W. HOLIDAY ST
City-St-Zip: HOMOSASSA, FL 34446 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: POST, ANNA
Address: 1730 N. RIBBON TER.
City-St-Zip: LECANTO, FL 34445 US

Title: VP (X) Change ( ) Addition
Name: POST, WILLIAM
Address: 1730 N. RIBBON TER.
City-St-Zip: LECANTO, FL 34445 US

Title: S (X) Change ( ) Addition
Name: POST, ANNA
Address: 1730 N. RIBBON TER.
City-St-Zip: LECANTO, FL 34445 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: WILLIAM POST VP 04/27/2007

Electronic Signature of Signing Officer or Director Date