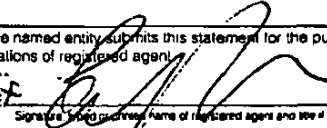
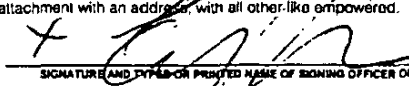


FILED
Apr 16, 2007 8:00 am
Secretary of State

03-23-2007 90011 016 ***158.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000078111			
1. Entity Name OUTDOOR CREATIONS AND LANDSCAPING, INC.			
Principal Place of Business 20842 NW 14 CT Pembroke Pines FL 33029		Mailing Address Same	
2. Principal Place of Business - No P.O. Box # 20842 NW 14 CT Pembroke Pines FL		3. Mailing Address Same	
City & State FL		City & State FL	
Zip 33029		Country USA	
4. FEI Number TAC10 770667259		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent RIVERA, DONALD L 551 SW 168TH TERR WESTON, FL 33326	
7. Name and Address of New Registered Agent Name OUTDOOR CREATIONS AND LANDSCAPING Street Address (P.O. Box Number is Not Acceptable) 20842 NW 14 CT City Pembroke Pines FL Zip Code 33029		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:  DATE: _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RIVERA, DONALD L 551 SW 168TH TERR WESTON, FL 33326 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Donald Rivera 20842 NW 14 CT Pembroke Pines FL 33029 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV RIVERA, EMMA 551 SW 168TH TERR WESTON, FL 33326 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Emma Rivera 20842 NW 14 CT Pembroke Pines FL 33029 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		3/20/07 (954) 224-5119	