2007 FOR PROFIT CORPORATION

Apr 19, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P06000102968 04-19-2007 90216 006 ***150 00 DOWN TO EARTH LAWN MAINTENANCE, INC. Principal Place of Business Mailing Address 5422 RIVERMILLANE 5422 RVERMILL LANE LAKEWORTH FL 33463 LAKEWORTH RL 33463 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 01312007 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For *20-5*326723 Not Applicable Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Addr 1840 SW 22ND ST. 200 4TH FLOOR MIAMI, FL 33145 City 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 Signatura, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE THE ☐ Delete Change Addition RORAFE, BRIAN NAME NAME STREET ADDRESS 5422 RIVER MILL LANE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY - ST- 7iP TITLE VPD ☐ Deleto PTIE ☐ Change Addition LAUE, UDO NAME NAME STREET ADDRESS 5422 RIVER MILL LANE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-ST-ZIP TITLE ☐ Delete FILE ☐ Change ☐ Addition KELLY, ELAINE NAME NAME STREET ADDRESS 5422 RIVER MILL LANE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-57-ZiP TITLE TITLE ☐ Ocfete Change ☐ Addition RORAFF, VICTORIA NAME NAME STREET ADDRESS 5422 RIVER MILL LANE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-ST-ZiP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP 77°LE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 expirer or true and execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an action of the corporation of the cor

OR DIRECTOR

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