2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132828

FILED Feb 16, 2009 Secretary of State

Entity Name: FLORIDA PRIME LANDSCAPING & IRRIGATION, INC.

| Current Principal Place of Business: | | New Principal Place | New Principal Place of Business: | |
|--|---|--|---|--|
| | ASCADE POINT ON, FL 34434 | US | | |
| Current M | lailing Addres | s: | New Mailing Address | : : |
| | ASCADE POINT ON, FL 34434 | US | | |
| El Number | : 20-2677098 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| | | | | |
| 3938 N CA | ARD, MARTA ASCADE POINT ON, FL 34434 | US | | |
| 3938 N CA DUNNELL The above | ASCÁDE POINT ON, FL 34434 | US | urpose of changing its registered | d office or registered agent, or both, |
| 3938 N CA DUNNELL The above | ASCADE POINT ON, FL 34434 named entity se of Florida. | US | urpose of changing its registered | d office or registered agent, or both, |
| 3938 N CADUNNELL The above n the State | ASCADE POINT ON, FL 34434 named entity se of Florida. RE: | US | , , , , | d office or registered agent, or both, Date |
| 3938 N CADUNNELL The above In the State SIGNATU | ASCADE POINT ON, FL 34434 named entity set of Florida. RE: | US ubmits this statement for the p | , , , , | |
| 3938 N CADUNNELL The above In the State BIGNATUE | ASCADE POINT ON, FL 34434 named entity set of Florida. RE: | US ubmits this statement for the p c Signature of Registered Age Trust Fund Contribution (). | ent | |
| 3938 N CADUNNELL The above In the State BIGNATUE | ASCADE POINT ON, FL 34434 e named entity s e of Florida. RE: Electroni mpaign Financing S AND DIRECT | US ubmits this statement for the p c Signature of Registered Age Trust Fund Contribution (). FORS: Delete MARTA DE POINT | ent ADDITIONS/CHANGE | Date |

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: MARTA SCHUCHARD PRES 02/16/2009