2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000157497

Entity Name: E-SCAPES LAWN CARE, INC.

FILED Jul 12, 2008 Secretary of State

Current Principal Place of Business: New Principal Place	of Business:
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3814 JULINGTON CREEK RD. 1767 SOUTHPOINT COVE JACKSONVILLE, FL 32223 SAINT JOHNS, FL 32259

Current Mailing Address: New Mailing Address:

3814 JULINGTON CREEK RD. 1767 SOUTHPOINT COVE JACKSONVILLE, FL 32223 SAINT JOHNS, FL 32259

FEI Number: 71-1020486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORRIS, ERIC
3814 JULINGTON CREEK RD.
JACKSONVILLE, FL 32223 US

MORRIS, ERIC
1767 SOUTHPOINT COVE
SAINT JOHNS, FL 32259 US

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: ERIC S. MORRIS 07/12/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Delete Title: P/D (X) Change () Addition

Name: MORRIS, ERIC Name: MORRIS, ERIC Address: 3814 JULINGTON CREEK RD. Address: 1767 SOUTHPOINT COVE

City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: SAINT JOHNS, FL 32259

 Name:
 MORRIS, ANDREA
 Name:
 MORRIS, ANDREA

 Address:
 3814 JULINGTON CREEK RD.
 Address:
 1767 SOUTHPOINT COVE

 City-St-Zip:
 JACKSONVILLE, FL 32223
 City-St-Zip:
 SAINT JOHNS, FL 32259

Title: S () Delete Title: S (X) Change () Addition

 Name:
 MORRIS, ANDREA
 Name:
 MORRIS, ANDREA

 Address:
 3814 JULINGTON CREEK RD.
 Address:
 1767 SOUTHPOINT COVE

 City-St-Zip:
 JACKSONVILLE, FL 32223
 City-St-Zip:
 SAINT JOHNS, FL 32259

Title: T () Delete Title: T (X) Change () Addition

Name:MORRIS, ANDREAName:MORRIS, ANDREAAddress:3814 JULINGTON CREEK RD.Address:1767 SOUTHPOINT COVECity-St-Zip:JACKSONVILLE, FL 32223City-St-Zip:SAINT JOHNS, FL 32259

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: ANDREA S. MORRIS VP 07/12/2008