2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P07000025582

Entity Name: GREEN OPTIONS LAWN CARE INC.

Current Principal Place of Business:

219 COMPASS ROSE DR.
GROVELAND, FL 34736 US

New Principal Place of Business:

32104 HARRIS RD
TAVARES, FL 32778 US

Current Mailing Address:

219 COMPASS ROSE DR.
GROVELAND, FL 34736

New Mailing Address:

PO BOX 895188
LEESBURG, FL 34789

FEI Number: 32-0195415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRESTON, RYAN J
219 COMPASS ROSE DRIVE
GROVELAND, FL 34736 US

Name and Address of New Registered Agent:

PRESTON, RYAN J
32104 HARRIS RD
TAVARES, FL 32778 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: 05/01/2008
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PRESTON, RYAN J
Address: 219 COMPASS ROSE DRIVE
City-St-Zip: GROVELAND, FL 34736 US

Title: VP ( ) Delete
Name: PRESTON, LINDSEY E
Address: 219 COMPASS ROSE DRIVE
City-St-Zip: GROVELAND, FL 34736 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PRESTON, RYAN J
Address: 32104 HARRIS RD
City-St-Zip: TAVARES, FL 32778 US

Title: VP (X) Change ( ) Addition
Name: PRESTON, LINDSEY E
Address: 32104 HARRIS RD
City-St-Zip: TAVARES, FL 32778 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: RYAN J PRESTON P 05/01/2008
Electronic Signature of Signing Officer or Director — Date