2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Sep 09, 2008 8:00 am Secretary of State DOCUMENT # P07000050232 09-09-2008 90001 005 ***150.00 **DIANELYS HOUSE & GARDEN SERVICE INC** Principal Place of Business Mailing Address 6003 MYER ST 6003 MYER ST TAMPA, FL 33634 **TAMPA, FL 33634** 2. Principal Place of Business - No P.O. Box # 25/3 W Wilder Ave. 3. Mailing Address 2513 wwilder Auc. Suite, Apt. #, etc. 09022008 CR2E034 (12/06) Chg-P 4. FEI Number 20_895/17 4 City & State TAUPA, FL City & State Applied For TAMPA, FL Not Applicable Country & U.A. Zip 336/4 \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Anibal Blanco BLANCO, ANIBAL Street Address (P.O. Box Number is Not Acceptable) 6003 MYER ST **TAMPA, FL 33634** 2513 W Wilder Ave 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 12, 2008 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE 🗹 Delete Change TITLE Addition Anibal Blanco BLANCO, ANIBAL NAME 2513 w wilder Ave. STREET ADDRESS 6003 MYER ST STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33634** CETY-ST-ZIP TAMPA, FL TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change Addition 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 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 other like empowered.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED