

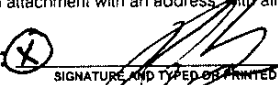


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90237 011 \*\*\*158.75

<b>DOCUMENT # P07000120481</b> 1. Entity Name <b>BMB LANDSCAPING, INC.</b>													
Principal Place of Business 16417 131 WAY NORTH JUPITER, FL 33478			Mailing Address 16417 131 WAY NORTH JUPITER, FL 33478										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State											
Zip	Country	Zip	Country	04082008    Chg-P    CR2E034 (12/06)									
4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">74-3238462</div>				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable						
Applied For													
Not Applicable													
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required													
6. Name and Address of Current Registered Agent  <b>BRIDWELL, BRIAN M</b> <b>16417 131 WAY NORTH</b> <b>JUPITER, FL 33478</b>			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;"> <div style="font-size: 1.2em; font-weight: bold;">FL</div> </td> </tr> <tr> <td colspan="2" style="padding: 2px;">Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		City	<div style="font-size: 1.2em; font-weight: bold;">FL</div>	Zip Code	
Name													
Street Address (P.O. Box Number is Not Acceptable)													
City	<div style="font-size: 1.2em; font-weight: bold;">FL</div>												
Zip Code													
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees											
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
TITLE	PVST		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	BRIDWELL, BRIAN M		NAME										
STREET ADDRESS	16417 131 WAY NORTH		STREET ADDRESS										
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP										
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
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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 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 address, with all other like empowered.													
SIGNATURE: 			Date: <div style="font-size: 1.2em; font-family: monospace;">4/29/08</div>										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR													