

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000005504

FILED
Jan 17, 2006
Secretary of State

Entity Name: LANDSCAPE IMPROVEMENTS, INC.

Current Principal Place of Business:

1625 PRINCETON STREET
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 560705
ORLANDO, FL US

New Mailing Address:

POST OFFICE BOX 560705
ORLANDO, FL 32856 US

FEI Number: 59-3151922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONTES, LEE A
3120 ALBERT ST
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PONTES, LEE A
Address: 3120 ALBERT ST
City-St-Zip: ORLANDO, FL 32806

Title: T () Delete
Name: PONTES, YVETTE A
Address: 3120 ALBERT ST
City-St-Zip: ORLANDO, FL 32806

Title: S (X) Delete
Name: PERRY, CATHY
Address: 2320 CHURCH STREET
City-St-Zip: OVIEDO, FL 32786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V.P. (X) Change () Addition
Name: PONTES, YVETTE A
Address: 3120 ALBERT ST
City-St-Zip: ORLANDO, FL 32806

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: YVETTE PONTES

V.P.

01/17/2006

Electronic Signature of Signing Officer or Director

Date