

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 09, 2010  
Secretary of State**

DOCUMENT# P93000040364

Entity Name: THE LAWNMOWER DOCTOR, INC.

**Current Principal Place of Business:**

13132 SPRING HILL DRIVE  
SPRING HILL, FL 34609 US

**New Principal Place of Business:**

**Current Mailing Address:**

13132 SPRING HILL DRIVE  
SPRING HILL, FL 34609 US

**New Mailing Address:**

FEI Number: 59-3195065      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CASTIGLIONE, AGOSTINO  
13132 SPRING HILL DRIVE  
SPRING HILL, FL 34609 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

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: CASTIGLIONE, AGOSTINO  
Address: 13132 SPRING HILL DRIVE  
City-St-Zip: SPRING HILL, DR 34609

Title: VS  
Name: CASTIGLIONE, JOANN  
Address: 13132 SPRING HILL DRIVE  
City-St-Zip: SPRING HILL, DR 34609

I hereby 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 all other like empowered.

SIGNATURE: JOANN CASTIGLIONE

VS

03/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date