

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000024637

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: NUTRIENTS PLUS LAWN CARE, INC.

## Current Principal Place of Business:

10299 NW 46 ST  
SUNRISE, FL 33351 US

## New Principal Place of Business:

740 S DEERFIELD AVENUE  
4  
DEERFIELD BEACH, FL 33441 US

## Current Mailing Address:

10299 NW 46T ST  
SUNRISE, FL 33351 US

## New Mailing Address:

4300 N OCEAN BOULEVARD  
14L  
FORT LAUDREDALE, FL 33308 US

FEI Number: 65-0477839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALVATORE PERRONE  
270 NW 123 WAY  
CORAL SPRINGS, FL 33071 US

## Name and Address of New Registered Agent:

SALVATORE PERRONE  
4300 N OCEAN BOULEVARD  
14L  
FORT LAUDERDALE, FL 33308 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: SALVATORE PERRONE

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PERRONE, SALVATORE A.  
Address: 270 NW 123 WAY  
City-St-Zip: CORAL SPRINGS, FL

Title: VP (X) Delete  
Name: PERRONE, SUSAN D  
Address: 270 N.W. 123 WAY  
City-St-Zip: CORAL SPRINGS, FL 33071

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PERRONE, SALVATORE A.  
Address: 4300 N OCEAN BOULEVARD # 14L  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

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: SALVATORE PERRONE

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date