


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000039130	
1. Entity Name CENTRAL FLORIDA TREE SERVICE, INC.	

Principal Place of Business 2643 JUNIOR AVENUE APOPKA FL 32712 US	Mailing Address 2643 JUNIOR AVENUE APOPKA FL 32712 US
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2. Principal Place of Business Same 1	3. Mailing Address Same 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent BAIRD, J BRIAN 5401 S KIRKMAN RD, SUITE 310 ORLANDO FL 32819	7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code
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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: *[Signature]* PRES. 1/20/06

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME ALLEN, KEVIN	NAME 000000406397
STREET ADDRESS P.O. BOX 170 N/A	STREET ADDRESS 02/07/06-80086-008 150.00	CITY-ST-ZIP APOPKA FL 32704	
TITLE VP <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME ALLEN, NANCY	
STREET ADDRESS P.O. BOX 170	STREET ADDRESS	CITY-ST-ZIP APOPKA FL 32704	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME	
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME	
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME	
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME	
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* 1/20/06 407-467-150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #