

2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2006 8:00 am Secretary of State DOCUMENT # P94000050458 05-03-2006 90203 034 ***150.00 1. Entity Name ADVANCED GARDEN SERVICES, INC. Principal Place of Business Mailing Address P.O. BOX 243081 P.O. BOX 243081 BOYNTON BEACH, FL 33424-3081 BOYNTON BEACH, FL 33424-3081 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0507451 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPARRELL, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 208 BIRCH STREET BOYNTON BEACH, FL 33426 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. Signature, Iyoed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Delete ☐ Addition TITLE TITLE NAME SPARRELL, MICHAEL E STREET ADDRESS STREET ADDRESS P.O. BOX 243081 CITY-ST-ZIP BOYNTON BEACH, FL 334243081 CITY-ST-ZIP ☐ Delete TITLE Channe Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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 accordate 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 owered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

MICHAEL E SPARRELL

561-704-7688

FILED