2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Mar 19, 2007 08:00 A **DOCUMENT # P94000052041** 1. Entity Name **Secretary of State** PAVLICK'S EXOTIC LANDSCAPING ENTERPRISES, INC. Principal Place of Business Mailing Address 2970 DOE TRAIL 2970 DOE TRAIL LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 02172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0507777 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PAVLICK, STEVEN W. DO NOT WRITE 2970 DOE TRAIL LOXAHATCHEE, FL 33470 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alguature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PAVLICK, STEVEN W NAME 2970 DOE TRAIL STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE, FL 33470 TITLE 000000672128 03/28/07~80057-012 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 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 a statistiment with an address, with all other fixe provided.

SIGNATURE: Steven Wo certing

NAME STREET ADDRESS CITY-ST-ZIP