2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Feb 14, 2008 08:00 AM **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 02102008 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 signature required when reinstating) DATE JOHN 01827330 02/21/08-80087-009 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME PAVLICK, STEVEN W STREET ADDRESS 2970 DOE TRAIL CITY-ST-ZIP LOXAHATCHEE, FL 33470 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZE TITLE IN THIS SPACE 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 an attachment with an address, with all other like empowered.

SIGNATURE: Steven Powlers

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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CITY-ST-ZIP

2/11/08