2008 FOR PROFIT CORPORATION

May 21, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P95000020020 05-21-2008 90031 001 *****8.75 1. Entity Name 05-21-2008 90031 002 ***150.00 F & D LAWN SERVICES, INC. Principal Place of Business Mailing Address 66011121 920 NW 5TH AVE 920 NW 5TH AVE POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 02282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0605166 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WILCHER, FRANK JR DO NOT WRITE 920 NW 5TH AVE POMPANO BEACH, FL 33060 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 10. PSTD TITLE WILCHER, FRANK JR. NAME STREET ADDRESS 920 NW 5 AVE CITY-ST-ZIP POMPANO BEACH, FL 33060 TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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: X

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

x4-24-68 x

FILED