2007 FOR PROFIT CORPORATION "ANNUAL REPORT (AR)

SIGNATURE:

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P95000055135 1. Entity Name 04-30-2007 90391 046 ***158.75 JOHAN'S LAWNCARE, INC. Principal Place of Business Mailing Address 1806 GULF COURT 1806 GULF COURT INDIALANTIC FL 32903 INDIALANTIC FL 32903 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3336414 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Derlene M. WINANT-EKCahl EKDAHL, JOHAN N 1806 GULF COURT Street Address (P.O. Box Number is Not Acceptable) INDIALANTIC FL 32903 1806 MULF COURT CINTINDICAL CARTIC 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. Ellegelle Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIFLE TITLE Resident Delete EKDAHL, JOHAN N NAME NAME 1806 GULF COURT STREET ADDRESS STREET ADDRESS Indialantic Fl- 32903 Vice President Darlene Humant-Expand 1806 Suf Court INDIALANTIC FL 32903 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete DILE Addition NAME NAME STREET ADDRESS STREET ADDRESS Invoicilantic, FL, 32903 CITY-ST-7IP CITY-ST-ZIP Defelo TITLE 10115 ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY ST ZIP CITY - ST- ZIT-Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP IIIŒ ☐ Defete Change IIII Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP HILE ☐ Delete HH ☐ Change ■ Addition NAME NAM STREET ADDRESS STREET ADDRESS C1TY-ST-ZIP 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 of supplemental report is true and accurate and that my signature shall have the same logal effect as if made under oath; that if am an officer or director of the corporation or the receiver or trustoe 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.

FILED