


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000025897**

1. Entity Name  
**EXECUTIVE TURF MANAGEMENT, INC.**



Principal Place of Business <b>6553 46TH ST N          9000          PINELLAS PARK, FL 33781 US</b>	Mailing Address <b>6553 46TH ST N          9000          PINELLAS PARK, FL 33781 US</b>
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**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3441066</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FRAKES, BEN T  
 7878 40TH TERRACE N  
 SAINT PETERSBURG, FL 33709**

**DO NOT WRITE 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: *Ben T. Frakes, Pres* DATE: 1-12-07

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  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000591446  
 01/19/07-80023-004 150.00

10. OFFICERS AND DIRECTORS

TITLE P	NAME FRAKES, BEN	STREET ADDRESS 7878 40TH TERRACE N	CITY-ST-ZIP SAINT PETERSBURG, FL 33709
TITLE ST	NAME FRAKES, MICHELLE	STREET ADDRESS 7878 40TH TERRACE	CITY-ST-ZIP SAINT PETERSBURG, FL 33709
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Ben T. Frakes, Pres* Date: 1-12-07 Daytime Phone #: (727)528-4646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR