2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000045413

Entity Name: SUBLIME LANDSCAPE MANAGEMENT, INC.

FILED Mar 21, 2006 Secretary of State

v Principal Place of Business:

5535 SHAD ROAD UNIT # 63 JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

P.O. BOX 58052 JACKSONVILLE, FL 322418052 US

FEI Number: 59-3449551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, JASON M.

10075 GATE PARKWAY N.

APT. 1611

JACKSONVILLE, FL 32246 US

SMITH, JASON M.

407 20TH STREET

ST. AUGUSTINE, FL 32084 US

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.

SIGNATURE: JASON M. SMITH 03/21/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: SMITH, JASON M
Address: 10075 GATE PARKWAY N. APT. 1611

Name: SMITH, JASON M
Address: 407 20TH STREET

City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T () Delete Title: T (X) Change () Addition

 Name:
 SMITH, DAWN D
 Name:
 SMITH, DAWN D

 Address:
 10075 GATE PARKWAY N. APT. 1611
 Address:
 407 20TH STREET

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:
 ST AUGUSTINE, FL 32084

Title: VPS () Delete Title: () Change () Addition Name: TUTEN, CHRIS F Name:

Address: 12241 GOVERNORS DRIVE WEST Address:
City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON M. SMITH P 03/21/2006