


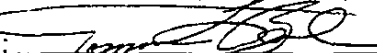
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2006 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
40101065 HAHASSEE, FLORIDA

DOCUMENT # P97000049726			
1. Entity Name BREEDEN LAWN MAINTENANCE, INC.			
Principal Place of Business 40 BEAL PKWY FT WALTON BEACH, FL 32548		Mailing Address 40 BEAL PKWY FT WALTON BEACH, FL 32548	
2. Principal Place of Business 24 Hollywood Blvd SW Ste 5 Suite, Apt. #, etc.		3. Mailing Address 5 same Suite, Apt. #, etc.	
City & State Ft Walton Beach, FL		City & State same	
Zip 32548		Country USA	
4. FEI Number 59-3453693		Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BREEDEN, TOMMIE L 207 Kathy Court Mary Esther, FL 32569		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete BREEDEN, TOMMIE L 348 BARBARA DR FORT WALTON BEACH, FL 32548	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	207 Kathy Court Mary Esther, FL 32569
TITLE VP	<input checked="" type="checkbox"/> Delete BREEDEN, DIANA M 348 BARBARA DR. FORT WALTON BEACH, FL 32548	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		Date: 7-25-06 850-685-1889	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CONFIDENTIAL