

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000083588

FILED
Apr 11, 2007
Secretary of State

Entity Name: GREEN DREAM LAWN SERVICE, INC.

Current Principal Place of Business:

4769 SW. 72 AVENUE
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

4769 SW. 72 AVENUE
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 65-0783490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TELLO, CARLOS
4769 SW. 72 AVENUE
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: TELLO, CARLOS
Address: 4769 WS 72 AVENUE
City-St-Zip: DAVIE, FL 33314

Title: DVS () Delete
Name: TELLO, SILVIA
Address: 4769 WS 72 AVENUE
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: TELLO, CARLOS A PRESIDE
Address: 4769 WS 72 AVENUE
City-St-Zip: DAVIE, FL 33314

Title: DVS (X) Change () Addition
Name: TELLO, SILVIA T VICEPRE
Address: 4769 WS 72 AVENUE
City-St-Zip: DAVIE, FL 33314

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: CARLOS TELLO

DPT

04/11/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date