2008 FOR PROFIT CORPORATION

Apr 17, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P98000023710** 1. Entity Name 04-17-2008 90028 020 ***150.00 TWIN CITIES LANDSCAPE CORP. Principal Place of Business Mailing Address 1360 74TH STREET, OCEAN 1360 74TH STREET, OCEAN MARATHON, FL 33050 MARATHON, FL 33050 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112008 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number 65-0827780 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOODLAND, KEVIN C Street Address (P.O. Box Number is Not Acceptable) 423 80TH STREET OCEAN MARATHON, FL 33050 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be SFILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PS ☐ Delete TITLE ☐ Addition WOODLAND, KEVIN C NAME NAME STREET ADDRESS 423 80TH ST OCEAN STREET ADDRESS CITY-ST-ZIP MARATHON, FL 33050 CITY-ST-ZIP ☐ Addition TITLE X Delete ☐ Change TITLE WOODLAND, ROBIN S NAME NAME STREET ADDRESS **423 80TH STREET OCEAN** STREET ADDRESS CITY-ST-7IP MARATHON, FL 33050 CITY-ST-ZIP Delete TTLE TITLE ☐ Change ☐ Addition DARRAGH, WENDIL NAME NAME STREET ADDRESS 72 MENTOR DR STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP IIILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP MLE ☐ Deleta mn F ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS

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 propowered.

CITY-ST-ZIP

Wood

Kevin C. Woodland

4/14/08

743-1853

FILED