2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000026534

Entity Name: DONNA'S INTERIOR PLANTSCAPING, INC.

FILED Apr 30, 2007 Secretary of State

| , | | | , 10. | | |
|---|-------------------------------|---------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| | H STREET SW FL 34117 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | H STREET SW FL 34117 | | | | |
| FEI Number | r: 59-3501563 | 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: | | |
| 2310 17Th NAPLES, The above | | JS | ourpose of changing its registered | d office or registered agent, or both, | |
| | e of Florida. | | | | |
| SIGNATU | | | | | |
| | Electror | nic Signature of Registered Age | ent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | IMBRIALE, DO 2310 17TH STE | REET SW | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zin: | TAYLOR, AMY 1415 PANTHER | R LANE STE 249 | Title: Name: Address: City-St-Zin: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify 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: DONNA MARIE IMBRIALE P 04/30/2007