2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2007 8:00 am Secretary of State 04-09-2007 90094 006 ***150 00 **DOCUMENT # P98000063401** 1. Entity Name ECOSCAPE, INC. 40022022 Principal Place of Business Mailing Address 11008 US 41 NORTH 11008 US 41 NORTH PALMETTO, FL 34221 PALMETTO, FL 34221 03142007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3524307 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KEMPTON, ART PRES DO NOT WRITE 11008 US 41 N PALMETTO, FL. 34221 IN THIS SPACE 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10 OFFICERS AND DIRECTORS TITLE KEMPTON, ART NAME STREET ADDRESS 11008 US 41 NORTH CITY-ST-ZIP PALMETTO, FL 34221 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 eath; 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 that my empowered. SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #