2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P980000660011. Entity Name

MY LAWN & PLANT MAINTENANCE, INC.

Principal Place of Business 7520 NW 11TH PLACE

Mailing Address

7520 NW 11TH PLACE PLANTATION, FL 33313

FILED Apr 05, 2007 08:00 All Secretary of State

PLANTATION, FL 33313 03282007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0850937 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent YOUNG, MATT DO NOT WRITE **7520 NW 11TH PLACE** PLANTATION, FL 33313 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D YOUNG, MATT NAME STREET ADDRESS **7520 NW 11TH PALCE** U00000692216 PLANTATION, FL 33313 CITY-ST-7P 04/13/07-80041-007 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ITILE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR ORECTOR

3-30-07

Daytime Phone #