

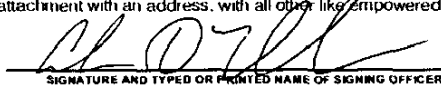


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90003 046 ***150.00

DOCUMENT # P98000089613 1. Entity Name DOUG KNOWLES LAWN MAINTENANCE, INC.					
Principal Place of Business 2061 BAHAMA DRIVE MIRAMAR, FL 33023			Mailing Address 2061 BAHAMA DRIVE MIRAMAR, FL 33023		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03082006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0875611		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSTD NAME KNOWLES, ALAN D <input checked="" type="checkbox"/> Delete STREET ADDRESS 2061 BAHAMA DRIVE CITY ST ZIP MIRAMAR, FL 33023			TITLE Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Vicki A. Knowles STREET ADDRESS 2061 Bahama Drive CITY ST ZIP Miramar, Florida 33023		
TITLE NAME STREET ADDRESS CITY ST ZIP			TITLE NAME STREET ADDRESS CITY ST ZIP		
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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 empowered.					
SIGNATURE:  3/1/06 984-444 8452 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					