2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000022319

Entity Name: THE ORIGINAL CUTTING EDGE LAWN CARE, INC.

FILED Aug 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5014 PANORAMA AVENUE 7719 HATTERAS DRIVE HOLIDAY, FL 34690 US HUDSON, FL 34667 US

Current Mailing Address: New Mailing Address:

5014 PANORAMA AVENUE 7719 HATTERAS DRIVE HOLIDAY, FL 34690 US HUDSON, FL 34667 US

FEI Number: 59-3562950 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:

VAILLANCOURT, MARK CELLINI, BENVENUTO J 5014 PANORAMA AVENUE 7719 HATTERAS DRIVE HOLIDAY, FL 34690 US HUDSON, FL 34667 US

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.

SIGNATURE: BENVENUTO J. CELLINI 08/03/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: PST (X) Change () Addition Name: VAILLANCOURT, MARK Name: CELLINI, BENVENUTO J

Address: 5014 PANORAMA AVE. Address: 7719 HATTERAS DR, City-St-Zip: HOLIDAY, FL 34690 City-St-Zip: HUDSON, FL 34667

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: BENVENUTO J. CELLINI PRES 08/03/2007