2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 15, 2006 08:00 AM **Secretary of State** DOCUMENT # P99000031443 EARTHSCAPE LAWN SERVICE INC. Principal Place of Business Mailing Address 1330 RIVER LANE 1330 RIVER LANE ENGLEWOOD, FL 34224 ENGLEWOOD, FL 34224 US 03132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0905334 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOVEN, DANIEL DO NOT WRITE 1195 BROWN ST ENGLEWOOD, FL 34224 IN THIS SPACE 5. 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 familier 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 reinvisting) 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HOVEN, DANIEL 1330 RIVER LANE STREET ADDRESS U00000468637 03/24/06-80039-003 150.00 ENGLEWOOD, FL 34224 CITY-ST-ZIP TITLE HOVEN, JACI NAME STREET ADDRESS 1330 RIVER LANE ENGLEWOOD, FL 34224 CITY-ST-ZIF ME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS. City-ST-ZIP TITLE

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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-DP

NAME STREET ADDRESS CITY-ST-ZIP

DANATURE AND TYPED OR PRINTED HAVE OF BURING OFFICER OR DIRECTOR

3/13/06 (941) 473-9018

FILED