
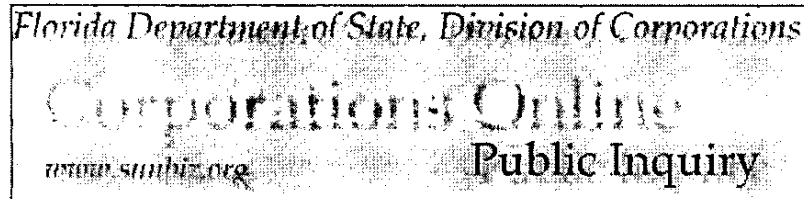


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90052 049 \*\*\*150.00

<b>DOCUMENT # P99000059554</b> 1. Entity Name ALL GRASS CARE, INC.					
Principal Place of Business 12895 S.W. 189 ST MIAMI, FL 33177			Mailing Address 12895 S.W. 189 ST. MIAMI, FL 33177		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0944789</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>JAMES, MICHAEL E</b> <b>11230 S.W. 158TH ST.</b> <b>MIAMI, FL 33157</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JAMES, MICHAEL E</b> <b>11230 S.W. 158TH ST.</b> <b>MIAMI, FL 33157</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12895 SW 189 Street</b> <b>Miami, FL 33177</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>JAMES, CHERYL</b> <b>11230 SW 158 ST</b> <b>MIAMI, FL 33157</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12895 SW 189 Street</b> <b>Miami, FL 33177</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>C. James</u> Cheryl James, Director 2/22/06 305 378-4187</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



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Florida Profit

ALL GRASS CARE, INC.

#P99000059554

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PRINCIPAL ADDRESS12895 S.W. 189 ST  
MIAMI FL 33177  
Changed 05/16/2005

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MAILING ADDRESS12895 S.W. 189 ST.  
MIAMI FL 33177  
Changed 03/15/2004Document Number  
P99000059554FEI Number  
650944789Date Filed  
06/30/1999State  
FLStatus  
ACTIVEEffective Date  
06/29/1999

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Registered Agent

Name & Address
JAMES, MICHAEL E 11230 S.W. 158TH ST. MIAMI FL 33157

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Officer/Director Detail

Name & Address	Title
JAMES, MICHAEL E 11230 S.W. 158TH ST. MIAMI FL 33157	D
JAMES, CHERYL 11230 SW 158 ST MIAMI FL 33157	S

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Annual Reports