2007 FOR PROFIT CORPORATION

FILED ' **ANNUAL REPORT** Apr 19, 2007 08:00 All Secretary of State **DOCUMENT # P99000081059** 1. Entity Name PHASE 4 TREE SPECIALIST, INC. Principal Place of Business Mailing Address 1016 LEISURE AVE 1016 LEISURE AVE TAMPA, FL 33613 TAMPA, FL 33613 No Chg-P 03132007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 57-3595725 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERRIOS, DAVID DO NOT WRITE 1016 LEISURE AVE TAMPA, FL 33613 IN THIS SPACE urpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity the obligations of reg SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. D TITLE BERRIOS, DAVID NAME 1016 LEISURE AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33613 TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ANDRESS CITY-SI-ZIP TITLE NAME U00000717607 STREET ADDRESS 04/30/07-80054-015 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 of 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: