2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE:

FILED DOCUMENT # V04160 Apr 04, 2006 08:00 AM Secretary of State MAXWELL LANDSCAPING & IRRIGATION, INC. Principal Place of Business Mailing Address 159 JOHN MAXWELL RD HAVANA FL 32333 US 159 JOHN MAXWELL RD HAVANA FL 32333 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/05) Applied Fur 4. FEI Number City & State City & State 59-3101731 Not Applicable Country Zio Ζıρ \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAXWELL, JOHN K. 159 JOHN MAXWELL RD Street Address (P.O. Box Number is Not Acceptable) HAVANA FL 32333 Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature: typed or printed name of registered agers and litto it approaches (NOTE Registered Agent signature required when romstating) DAIL FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5-After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 ☐ Change ☐ Add *** 7135 F TITLE □ Detete NAME NAME MAXWELL, JOHN U00000491507 STREET ADURESS 159 JOHN MAXWELL RD STREET ADDRESS 04/19/08-80025-004 150.00 CHY-SI-ZIP HAVANA FL 32333 CITY-ST-ZIP ☐ Change Add: MILL ☐ Delete MIG NAME HAME STREET ADDRESS STHEET ACURESS City-SI-ZiP CHY-SI-ZIP ∏ A@ditor ☐ Delete itiet ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CMY-SI-ZP City-St-ZIP Trans Channe TITLE Delete DILE NAME DAME STREET ADDRESS STREET ADDRESS CUY-ST-ZIP CHY-SI-ZIP ∐ Adr ☐ Change TITLE Delete Blit NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-2IP Defete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-S7-ZIP CHY-ST-ZiP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, that I am an officer or directly 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 1

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