


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 229834 1. Entity Name POINSETTIA GROVES INC	
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Principal Place of Business 1481 8TH AVE. VERO BEACH, FL 32960	Mailing Address P O BOX 1388 VERO BEACH, FL 32961-1388 US
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01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0882352	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUDSON, JOHN B
4726 PEBBLE BAY CIR.
VERO BEACH, FL 32963

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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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000612111 02/02/07-80092-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUDSON, JOHN B 4726 PEBBLE BAY CIR VERO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUDSON, E D 4726 PEBBLE BAY CIR VERO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDSON JR, JOHN B 4015 12TH PL. SW VERO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRIX, P.H. 6620 1ST. ST. SW VERO BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, C 4015 12TH PL, SW VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Elizabeth J Hudson 1/29/07 772-565-3356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ELIZABETH J HUDSON