2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717319

FILED Jan 11, 2005 Secretary of State

Entity Name: EMERALD GREEN SECTION ONE, INC.

Current Principal Place of Business: New Principal Place of Business: 3501 KEYSER AVE #7 HOLLYWOOD, FL 33021 **Current Mailing Address: New Mailing Address:** 3501 KEYSER AVE #7 HOLLYWOOD, FL 33021 FEI Number: 59-1350678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FURR, GROVER 3501 KEYSER AVE VILLA#4 HOLLYWOOD, FL 33021 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete VPD () Change () Addition CLARK, WILLIAM Name: Name: 3501 N KEYSER AVE #10 Address: Address: City-St-Zip: HOLLYWOOD, FL City-St-Zip: Title: PS () Delete Title: () Change () Addition FURR, GROVER Name: Name: Address: 3501 N KEY SEA AVE. #4 Address: City-St-Zip: HOLLYWOOD, FL City-St-Zip: Title: () Delete Title: () Change () Addition SCHLINSKY, HARRIET Name: Name: 3501 N KEYSER AVE #7 Address: Address: City-St-Zip: HOLLYWOOD, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: GALLO, ALFRED Name: 3501 N KEYSER AVE #5 Address: Address: City-St-Zip: HOLLYWOOD, FL City-St-Zip: Title: Title: () Delete () Change () Addition TREITMAN, HOWARD Name: Name: 3501 KEYSETTE AVE #8 Address: Address: City-St-Zip: HOLLYWOOD, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRIET SCHLINSKY TD 01/11/2005