


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 762059
 1. Entity Name
 GREENTREE SERVICES, INC.



Principal Place of Business Mailing Address
 P.O. BOX 4241 P.O. BOX 4241
 BOYNTON BCH, FL 33424-4241 BOYNTON BCH, FL 33424-4241



04192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-2163142 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SIFFRI, GEORGE M
 4728 B GREENTREE CIRCLE
 BOYNTON BCH, FL 33436

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000531286
 05/06/06-80034-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIFFRI, GEORGE M
STREET ADDRESS	4728 B GREENTREE CIRCLE
CITY - ST - ZIP	BOYNTON BEACH, FL 33436
TITLE	D
NAME	QUEST, ALICE
STREET ADDRESS	4660 A GREENTREE PLACE
CITY - ST - ZIP	BOYNTON BEACH, FL 33436
TITLE	P
NAME	GLOSEFFI, ANDREW
STREET ADDRESS	4660 B FINCHWOOD TERRACE
CITY - ST - ZIP	BOYNTON BEACH, FL
TITLE	D
NAME	ORSTE, GOLIA
STREET ADDRESS	4767 GREENTREE WAY
CITY - ST - ZIP	BOYNTON BCH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 617, 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: *[Signature]* Date: 4/20/06 Daytime Phone #: 561-737-1288