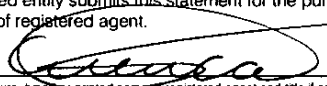
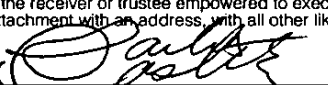


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90017 044 ***150.00

DOCUMENT # P05000139479					
1. Entity Name EVERGREEN TREE COMPANY					
Principal Place of Business 101 NW 75TH ST. STE. 2 GAINESVILLE, FL 32607			Mailing Address 101 NW 75TH ST. STE. 2 GAINESVILLE, FL 32607		
2. Principal Place of Business - No P.O. Box # 6910 W University Ave.		3. Mailing Address SAME			
Suite, Apt. #, etc. Suite # 2		Suite, Apt. #, etc.			
City & State Gainesville FL		City & State		02222007 Chg-P CR2E034 (12/06)	
Zip 32607		Country		4. FEI Number 20-3605433	
6. Name and Address of Current Registered Agent C.C. ACCOUNTING CO 101 NW 75TH ST STE.2 GAINESVILLE, FL 32607				7. Name and Address of New Registered Agent Name: Carmen Cuenca Street Address (P.O. Box Number is Not Acceptable): 6910 W University Ave Suite 2 City: Gainesville FL Zip Code: 32607	
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:  DATE: 02/22/07. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASTILLO, CARLOS A 101 NW 75TH ST. STE. 2 GAINESVILLE, FL 32607	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CASTILLO, SANDRA 101 NW 75TH ST. STE 2 GAINESVILLE, FL 32607	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 			02/22/07 (352) 331-7841		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		