2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031790

Entity Name: NURSERY REPORT, INC.

FILED Jan 05, 2007 Secretary of State

analy Name: Notto Ett Title Ott, inc.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	288TH ST., RO AD, FL 33030	OM 38			
Current Mailing Address:			New Mailing Address:		
18710 SW 288TH ST., ROOM 38 HOMESTEAD, FL 33030					
FEI Number:	65-1102397	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
15600 SW 2	K, MICHAEL 288 ST STE 309 AD, FL 33030	5 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.					
SIGNATUR					
Electronic Signature of Registered Agent				Date	
Election Cam	paign Financing 1	Frust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () C HUNT, BILL 18710 SW 288TH HOMESTEAD, FL		Title: Name: Address: City-St-Zip:	P (X) Change () Addition TIETIG, ERIK 18710 SW 288TH ST., ROOM 38 HOMESTEAD, FL 33030	
Title: Name: Address: City-St-Zip:	V () D TIETIG, ERIK 18710 SW 288TH HOMESTEAD, FL		Title: Name: Address: City-St-Zip:	V (X) Change () Addition STEIN, SANFORD 18710 SW 288TH ST., ROOM 38 HOMESTEAD, FL 33030	
Title: Name: Address: City-St-Zip:	V () D ALEXANDER, IVO 18710 SW 288TH HOMESTEAD, FL	ST., ROOM 38	Title: Name: Address: City-St-Zip:	V (X) Change () Addition TIMMONS, RACEY 18710 SW 288TH ST., ROOM 38 HOMESTEAD, FL 33030	
Title: Name: Address: City-St-Zip:	S () C SPURLING, JANE 18710 SW 288TH HOMESTEAD, FL	ST., ROOM 38	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () C GREER, LISA 18710 SW 288TH HOMESTEAD, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIK TIETIG P 01/05/2007