I hereby 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 all other like empowered.

SIGNATURE: TERRY A. GLANCY

Electronic Signature of Signing Officer/Director Detail

FEI Number: 59-2813560

Entity Name: PINE RIDGE ORCHIDS, INC.

Current Principal Place of Business:

HOMESTEAD, FL 33030-7812 US

Name and Address of Current Registered Agent:

GLANCY, TERRY APRES 21100 SW 300 STREET HOMESTEAD, FL 33030-7812 US

Current Mailing Address: 21100 SW 300 STREET

DOCUMENT# M52493

21100 SW 300 STREET HOMESTEAD. FL 33030-7812

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

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Officer/Director Detail :

Title	PT	Title	VPS
Name	GLANCY, TERRY A	Name	GLANCY, BARBARA C
Address	21100 SW 300 STREET	Address	21100 SW 300 ST.
City-State-Zip:	HOMESTEAD FL 33030-7812	City-State-Zip:	HOMESTEAD FL 33030-7812

Certificate of Status Desired: No

FILED Feb 16, 2014 Secretary of State CC7746577354

Date

02/16/2014 Date

PRES