2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 310852

FILED Mar 07, 2009 Secretary of State

Entity Name: GREEN THUMB GARDEN CENTER CORPORATION

Current Principal Place of Business: New Principal Place of Business: 3862 CACTUS LANE MOUNT DORA, FL 32757 **Current Mailing Address: New Mailing Address:** 3862 CACTUS LANE MOUNT DORA, FL 32757 FEI Number: 59-1207482 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: PHILLIPS, GEORGIA M 3862 CACTUS LANE MOUNT DORA, FL 32757 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition PHILLIPS, GEORGIA M PHILLIPS, GEORGIA M Name: Name: 3862 CACTUS LANE 3862 CACTUS LANE Address: Address: City-St-Zip: MOUNT DORA, FL City-St-Zip: MOUNT DORA, FL 32757 Title: Title: () Delete (X) Change () Addition Name: GILDER.BEVERLY PHILLIPS Name: GILDER.BEVERLY PHILLIPS 504 SHETATON DRIVE 504 SHERATON DRIVE Address: Address: ANDALUSIA, AL ANDALUSIA, AL 36420 City-St-Zip: City-St-Zip: Title: (X) Change () Addition FVP () Delete Title: FVP PHILLIPS, RONALD S PHILLIPS, RONALD S Name: Name: 330 FIETH ST. SE 1114 E STREET SE Address: Address: City-St-Zip: WASHINGTON, DC 20003 City-St-Zip: WASHINGTON, DC 20003 Title: () Delete Title: () Change () Addition JONES, JUDY P. Name: Name: Address: 3826 CACTUS LN Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: Title: PD Title: () Delete () Change () Addition PHILLIPS, GEORGIA M Name: Name: 3862 CACTUS LN Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GEORGIA M PHILLIPS PRES 03/07/2009