2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 317345

Entity Name: SHORE ACRES NURSERY, INC.

FILED Apr 16, 2008 Secretary of State

| Comment Drive in al Diago of Descinator | New Principal Place of Business |
|---|----------------------------------|
| Current Principal Place of Business: | New Principal Place of Business: |

3200 TINDALL ACRES ROAD KISSIMMEE, FL 34744 US

Current Mailing Address: New Mailing Address:

3200 TINDALL ACRES ROAD KISSIMMEE, FL 34744 US

FEI Number: 59-1168226 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:

MITCHELL, JR., ROBERT D PDC
5303 JESSAMINE LANE
ORLANDO, FL 32839 US
MITCHELL, JR., ROBERT D PDC
4612 GREEN GLEN CT.
ORLANDO, FL 32839 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: ROBERT D. MITCHELL, JR. 04/16/2008

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 MITCHELL, JR., ROBERT D PDC Name: MITCHELL, JR., ROBERT D PDC Name: 5303 JESSAMINE LANE 4612 GREEN GLEN CT. Address: Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: ORLANDO, FL 32839

Title: VP () Delete Title: () Change () Addition

 Name:
 BAZEMORE, ROBYN M VP
 Name:

 Address:
 5999 LAKEPOINT DRIVE # 608
 Address:

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:

() Delete Title: (X) Change () Addition Title: STD STD MITCHELL, HELEN W STD MITCHELL, HELEN W STD Name: Name: 5303 JESSAMINE LANE 4612 GREEN GLEN CT Address: Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: ORLANDO, FL 32839

Title: CPA () Delete Title: () Change () Addition

 Name:
 MALOY, J. RICK CPA
 Name:

 Address:
 5307 JESSAMINE LANE
 Address:

 City-St-Zip:
 ORLANDO, FL 32839
 City-St-Zip:

Title: VPS () Delete Title: () Change () Addition

 Name:
 STEVENS, ELIZABETH M VPS
 Name:

 Address:
 800 OAK SHORE DR
 Address:

 City-St-Zip:
 ST CLOUD, FL 34771
 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: ROBERT D. MITCHELL, JR. PDC 04/16/2008

Electronic Signature of Signing Officer or Director

Date