2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 415716

TAPPAN NURSERIES INC

30902 TAYLOR GRADE ROAD

DUETTE, FL 33834 US

Address: City-St-Zip: FILED Apr 28, 2006 Secretary of State

| Entity Na | me: TAPPAN | NURSERIES, INC. | | | |
|---|---------------------------------|--------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 30902 TAY DUETTE, | /LOR GRADE FL 33834 (| ROAD JS | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 30902 TAY DUETTE, | /LOR GRADE FL 33834 (| ROAD JS | | | |
| FEI Number | : 59-1433653 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of (| Current Registered Agent: | Name and Address of | Name and Address of New Registered Agent: | |
| TAPPAN, 30902 TAY DUETTE, | LOR GRADE | ROAD JS | | | |
| | e named entity e of Florida. | submits this statement for th | e purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| Electronic Signature of Registered Agent | | | Agent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | TAPPAN, FELI | R GRADE ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TAPPAN, FELI | R GRADE ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | D (TAPPAN, WAD |) Delete E A | Title: Name: | () 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.

Address:

City-St-Zip:

SIGNATURE: FELICIA J TAPPAN PD 04/28/2006