



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 642820</b> 1. Entity Name <b>CONCEPTS IN GREENERY, INC.</b>			
Principal Place of Business <b>16366 OLD CHENEY HWY</b> <b>ORLANDO, FL 32833 US</b>		Mailing Address <b>16366 OLD CHENEY HWY</b> <b>ORLANDO, FL 32833 US</b>	
<h2>DO NOT WRITE IN THIS SPACE</h2>			
 01232006    No Chg-P    CR2E034 (11/05)			
4. FEI Number <b>59-1944969</b>			Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>BERKSON, GARY M</b> <b>111 N. ORANGE AVE STE 1200</b> <b>ORLANDO, FL 32801</b>		<h2>DO NOT WRITE IN THIS SPACE</h2>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<div style="margin-bottom: 10px;">             U00000408148              02/08/06-80049-008 150.00           </div> <h2>DO NOT WRITE IN THIS SPACE</h2>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>S</b> <b>HENSON, GENEVA</b> <b>2910 BATH STREET</b> <b>DELTONA, FL</b>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>PTD</b> <b>POE, LOWELL</b> <b>18366 OLD CHENEY HWY</b> <b>ORLANDO, FL 32833</b>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> _____		<b>LOWELL POE-PRESIDENT</b> <b>1/24/06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <small>Daytime Phone #</small>	