2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#762059

FILED Jan 29, 2009 Secretary of State

Entity Name: GREENTREE SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 4241 4728 B GREENTREE CIRCLE BOYNTON BCH, FL 334244241 BOYNTON BCH, FL 33436 **Current Mailing Address: New Mailing Address:** 4728 B GREENTREE CIRCLE P.O. BOX 4241 BOYNTON BCH, FL 334244241 BOYNTON BCH, FL 33436 FEI Number: 59-2163142 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: SIFFRI, GEORGE M 4728 B'GREENTREE CIRCLE BOYNTON BCH, FL 33436 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SIFFRI, GEORGE M Name: Name: 4728 B GREENTREE CIRCLE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: Title: () Delete () Change () Addition Name: QUEST, ALICE Name: Address: 4660 A GREENTREE PLACE Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: () Delete Title: (X) Change () Addition GLOSEFFI, ANDREW Name: GLOSEFFI, ANDREW Name: 4660 B FINCHWOOD TERRACE 4660 B FINCHWOOD TERRACE Address: Address: City-St-Zip: BOYNTON BEACH, FL City-St-Zip: BOYNTON BEACH, FL 33436 Title: () Delete Title: () Change () Addition Name: ORSTE, GOLIA Name: 4767 GREENTREE WAY Address: Address: City-St-Zip: BOYNTON BCH, FL 33436 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW GLOSEFFI **PRES** 01/29/2009