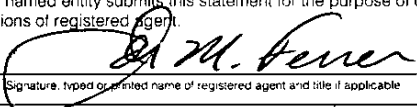
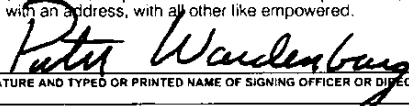


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2007 8:00 am**  
**Secretary of State**

08-31-2007 90001 036 \*\*\*558.75

<b>DOCUMENT # F06000000034</b>					
<b>1. Entity Name</b> HYDROFARM, INC.					
<b>Principal Place of Business</b> 11366 PALM ISLAND AVE. RIVERVIEW, FL 33569			<b>Mailing Address</b> 2249 SOUTH MCDOWELL EXTENSION PETALUMA, CA 94954		
<b>2. Principal Place of Business - No P.O. Box #</b> 11800 NW 102ND RD		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07032007    Chg-P    CR2E034 (12/06)	
<b>City &amp; State</b> MEDLEY, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 68-0044952	
<b>Zip</b> 33178-7080		<b>Country</b> USA!		<b>Applied For</b> Not Applicable	
<b>Zip</b> 33178-7080		<b>Country</b> USA!		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BERNAL CARL 11800 NW 102 ROAD MEDLEY, FL 33178			<b>7. Name and Address of New Registered Agent</b> Name: JOSE M. FERRER Street Address (P.O. Box Number is Not Acceptable) City: FL    Zip Code:		
<b>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.</b>					
SIGNATURE: 		DATE: 7/5/07			
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> DVRIN, STUART P <b>STREET ADDRESS</b> 2200 PINE VIEW WAY <b>CITY-ST-ZIP</b> PETALUMA, CA 94954	<input type="checkbox"/> Delete		<b>TITLE</b> STUART R. DVORIN <b>NAME</b> 2249 SOUTH McDOWELL EXTENSION <b>STREET ADDRESS</b> 2249 SOUTH McDOWELL EXTENSION <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> WARDENBURG, PETER <b>STREET ADDRESS</b> 2200 PINE VIEW WAY <b>CITY-ST-ZIP</b> PETALUMA, CA 94954	<input type="checkbox"/> Delete		<b>TITLE</b> 2249 SOUTH McDOWELL EXTENSION <b>NAME</b> 2249 SOUTH McDOWELL EXTENSION <b>STREET ADDRESS</b> 2249 SOUTH McDOWELL EXTENSION <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> DVRIN, EMILY A <b>STREET ADDRESS</b> 2200 PINE VIEW WAY <b>CITY-ST-ZIP</b> PETALUMA, CA 94954	<input type="checkbox"/> Delete		<b>TITLE</b> 2249 SOUTH McDOWELL EXTENSION <b>NAME</b> 2249 SOUTH McDOWELL EXTENSION <b>STREET ADDRESS</b> 2249 SOUTH McDOWELL EXTENSION <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 607, 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>					
<b>SIGNATURE:</b> 		Date: 7-6-2007    Daytime Phone #: (707) 765-9990			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					