2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# F46888

Entity Name: MORNINGSTAR NURSERY, INC.

Current Principal Place of Business:

14600 STARKEY RD, DELRAY BCH., FL 33446
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

14600 STARKEY RD, DELRAY BCH., FL 33446
PO BOX 480217
DELRAY BCH., FL 334847337

New Mailing Address:

PO BOX 480217
DELRAY BEACH, FL 334480217

FEI Number: 59-2131829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PENDAS, IGNACIO O CONTROL
14600 STARKEY ROAD
DELRAY BCH., FL 33446 US

Name and Address of New Registered Agent:

PENDAS, IGNACIO O CONTROL
14600 STARKEY ROAD
DELRAY BEACH, FL 33446 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: IGNACIO O. PENDAS 01/19/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OKEAN, PAUL Z,
Address: 14600 STARKEY ROAD
City-St-Zip: DELRAY BCH., FL

Title: V (X) Delete
Name: OKEAN, JACK M.,
Address: 14600 STARKEY ROAD
City-St-Zip: DELRAY BCH., FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: OKEAN, PAUL Z
Address: 14600 STARKEY ROAD
City-St-Zip: DELRAY BEACH, FL 33446

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL Z. OKEAN PD 01/19/2005
Electronic Signature of Signing Officer or Director Date