2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# F68893

Entity Name: MERRITT ISLAND NURSERY, INC.

Current Principal Place of Business:

3820 N COURTENAY PKWY
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

779 E MERRITT ISLAND CSWY
PMB 753
MERRITT ISLAND, FL 32952 US

New Mailing Address:

FEI Number: 59-2172261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAFIZI, HAMID
779 E MERRITT ISLAND CSWY
PMB 753
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

HAFIZI, DAVID
3572 TIPPERARY DRIVE
MERRITT ISLAND, FL 32953 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: DAVID HAFIZI 01/14/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAFIZI, HAMID
Address: 779 E MERRITT ISLAND CSWY PMB 753
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP ( ) Delete
Name: VILLANUEVA-HAFIZI, JERRI A
Address: 779 E MERRITT ISLAND CSWY PMB 753
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP ( ) Delete
Name: HAFIZI, DAVID
Address: 779 E MERRITT ISLAND CSWY PMB 753
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP ( ) Delete
Name: HAFIZI, MARYAM
Address: 779 E MERRITT ISLAND CSWY PMB 753
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HAFIZI VP 01/14/2008
Electronic Signature of Signing Officer or Director Date