2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # G24439 1. Entity Name BARBARA'S FANCY PLANTS, INC. Principal Place of Business Mailing Address 4511 SW 133 AVE 4511 SW 133RD AVE FT LAUDERDALE, FL 33330 FT. LAUDERDALE, FL 33330 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0438124 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAMS, BARBARA DO NOT WRITE 4511 SW 133 AVE FT LAUDERDALE, FL 33330 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS TITLE NAME WILLIAMS, BARBARA STREET ADDRESS. 4511 SW 133 AVE FT LAUDERDALE, FL TITLE U00000493539 04/20/06-80011-012 150,00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-21P TITLE MAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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 expowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with addition, with all other like appropried.

SIGNATURE:

CITY-ST-772 717LE NAME STREET ADDRESS CSTY-ST-ZIP

NATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED