2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H33105

Entity Name: FINE FOLIAGE OF FLORIDA, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
6119 LAKE WINONA ROAD DELEON SPRINGS, FL 32130	

Current Mailing Address:	**New Mailing Address:**
6119 LAKE WINONA ROAD DELEON SPRINGS, FL 32130	

FEI Number: 59-2475538   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:**
SHUMAN, JACK B 6119 LAKE WINONA RD DELEON SPRINGS, FL 32130 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: _____

             Electronic Signature of Registered Agent   Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: TD ( ) Delete Name: SHUMAN, STEVEN D., Address: 6119 LAKE WINONA ROAD City-St-Zip: DELEON SPRINGS, FL	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: PD ( ) Delete Name: SHUMAN, JACK B., Address: 6119 LAKE WINONA ROAD City-St-Zip: DELEON SPRINGS, FL	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: D ( ) Delete Name: SHUMAN, JOYCE A., Address: 6119 LAKE WINONA ROAD City-St-Zip: DELEON SPRINGS, FL	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 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: JACK B SHUMAN   PD   05/01/2006
Electronic Signature of Signing Officer or Director   Date