


**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90045 050 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # H54800</b> 1. Entity Name CONTINENTAL FOLIAGE GROWERS, INC.	
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Principal Place of Business  
8750 156 COURT SOUTH  
DELRAY BEACH, FL 33446

Mailing Address  
8750 156 COURT SOUTH  
DELRAY BEACH, FL 33446

-- 66002078



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2540265	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BROOKS, ROGER W.  
6886 NW 82 TERRACE  
PARKLAND, FL 33067

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	STD
NAME	BROOKS, JANICE L.
STREET ADDRESS	6886 NW 82ND TERR.
CITY - ST - ZIP	PARKLAND, FL
TITLE	PD
NAME	BROOKS, ROGER W.
STREET ADDRESS	6886 NW 82ND TERRACE
CITY - ST - ZIP	PARKLAND, FL
TITLE	V
NAME	BROOKS, JANICE, L
STREET ADDRESS	6886 NW 82ND TERR
CITY - ST - ZIP	PARKLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: Janice L Brooks  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-06  
Date

954-753-5026  
Daytime Phone #