


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # H54800 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



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2540265	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/09/07-80055-003 150.00

**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 JANICE L. BROOKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07
Date

954-753-5026
Daytime Phone #