

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H65859

FILED
Apr 27, 2006
Secretary of State

Entity Name: GREENDALE NURSERY, INC.

Current Principal Place of Business:

% PETER B. WILSON
28300 S.W. 177 AVENUE.
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

% PETER B. WILSON
28300 S.W. 177 AVENUE.
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 59-2552166 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, PETER B.
28300 SW 177 AVE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, RICHARD M.,
Address: 16350 S W 77 COURT
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: WILSON, PETER B.,
Address: 16101 SW 84 CT
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: WILSON, STEVEN
Address: 16905 SW 82 CT
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: WILSON, THOMAS J.,
Address: 16219 S W 78 AVE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: WILSON, GLORIA A.,
Address: 16219 S W 78 AVE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: YOUNG, VICKI,
Address: 16219 S W 78 AVE
City-St-Zip: MIAMI, FL

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
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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 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: WILSON, PETER

D

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date