

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H72712

Entity Name: GREENSLEEVES INC.

FILED
Feb 27, 2006
Secretary of State

Current Principal Place of Business:

% JAMES ZIESLER
9774 SW 60TH ST
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

% JAMES ZIESLER
9774 SW 60TH ST
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 59-2518746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIESLER, JAMES
9774 SW 60TH ST
MIAMI, FL 33173 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: D () Delete
Name: SMELTZER, DEBORAH,
Address: 9774 SW 60TH ST
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: ZIESLER, JAMES,
Address: 9774 SW 60TH ST
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMELTZER, DEBRA,
Address: 9774 SW 60TH ST
City-St-Zip: MIAMI, FL 33173

Title: VD (X) Change () Addition
Name: ZIESLER, JAMES,
Address: 9774 SW 60TH ST
City-St-Zip: MIAMI, FL 33173

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: JAMES ZIESLER

VD

02/27/2006

Electronic Signature of Signing Officer or Director

_____ Date