2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# H96018

Entity Name: PROFESSIONAL FERTILIZER & SUPPLY, INC.

Current Principal Place of Business:

22001 US HWY 19 N
CLEARWATER, FL 33765 US

New Principal Place of Business:

1490 N BELCHER RD
UNIT K
CLEARWATER, FL 33765

Current Mailing Address:

6253 CONNIEWOOD SQUARE
NEW PT. RICHEY, FL 34653

New Mailing Address:

1490 N BELCHER RD
UNIT K
CLEARWATER, FL 33765

FEI Number: 59-2624203 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, ANASTASIA K
6253 CONNIEWOOD SQUARE
NEW PT. RICHEY, FL 34653 US

Name and Address of New Registered Agent:

SMITH, ANASTASIA K
1490 N BELCHER RD
UNIT K
CLEARWATER, FL 33765 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: ANASTASIA K SMITH 04/11/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SMITH, ANASTASIA K
Address: 6253 CONNIEWOOD SQUARE
City-St-Zip: NEW PORT RICHEY, FL

Title: V ( ) Delete
Name: SMITH, GABRIEL J.
Address: 6253 CONNIEWOOD SQUARE
City-St-Zip: NEW PORT RICHEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SMITH, ANASTASIA K
Address: 1490 N BELCHER RD, UNIT K
City-St-Zip: CLEARWATER, FL 33765

Title: DVST (X) Change ( ) Addition
Name: SMITH, GABRIEL J
Address: 1490 N BELCHER RD, UNIT K
City-St-Zip: CLEARWATER, FL 33765

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: ANASTASIA K SMITH DP 04/11/2006
Electronic Signature of Signing Officer or Director Date