2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2006 08:00 AM **Secretary of State DOCUMENT # J66989** CREATIVE GREENERY, INC. Principal Place of Business Mailing Address 5959 ST. AUGUSTINE ROAD 5959 ST. AUGUSTINE ROAD P.O. BOX 5218 P.O. BOX 5218 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 CR2E034 (11/05) 04042006 No Chg-P DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 59-2891495 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE YURGALEWICZ, MARY E 3445 DAHN DRIVE JACKSONVILLE, FL 32223 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. DATE Signature, typed or printed name of registered agent and title if applicable. (RIOTE Registered Agent signature reduced when (emstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DVS TITLE YURGALEWICZ, MARY NAME 3445 DAHN DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32223 U00000497527 04/22/06-80059-007 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this proof as required by Chapter 60?, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all pither like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE . NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR