2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# K03625

Entity Name: PARAMOUNT NURSERY, INC.

Current Principal Place of Business:

11334 N. 172ND PL
JUPITER, FL 33478 US

New Principal Place of Business:

Current Mailing Address:

3620 OAKVIEW CT.
THE HAMLET
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 65-0014100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAYSON, HOWARD H.
3620 OAKVIEW COURT
THE HAMLET
DELRAY BEACH, FL 33445 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: PTD ( ) Delete
Name: GRAYSON, HOWARD H.,
Address: 3620 OAKVIEW CT.
City-St-Zip: DELRAY BEACH, FL

Title: SDAT ( ) Delete
Name: GRAYSON, ANN G.,
Address: 3620 OAKVIEW CT.
City-St-Zip: DELRAY BEACH, FL

Title: VPD ( ) Delete
Name: GRAYSON, JEFFREY
Address: 375 DOUGLAS AVE--SUITE 1002
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: ASAT ( ) Delete
Name: FRASCA, ELIZABETH
Address: 75 MCNEIL WAY STE 209
City-St-Zip: DEDHAM, MA 02026

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
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: ELIZABETH FRASCA ASAT 01/11/2006

Electronic Signature of Signing Officer or Director Date