

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K47458

Entity Name: GREEN ARBOR, INC.

FILED  
Apr 27, 2006  
Secretary of State

## Current Principal Place of Business:

4890 W KENNEDY BLVD STE 920  
TAMPA, FL 336091863

## New Principal Place of Business:

## Current Mailing Address:

4890 W KENNEDY BLVD STE 920  
TAMPA, FL 336091863

## New Mailing Address:

FEI Number: 59-2967878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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: BRAY, JOHN H  
Address: 4890 W KENNEDY BLVD STE 920  
City-St-Zip: TAMPA, FL 336091863

Title: VPS ( ) Delete  
Name: BRAY, MATTHEW J  
Address: 4890 W KENNEDY BLVD STE 920  
City-St-Zip: TAMPA, FL 336091863

Title: VT ( ) Delete  
Name: WEST, DALE A.  
Address: 4890 W KENNEDY BLVD STE 920  
City-St-Zip: TAMPA, FL 336091863

Title: V ( ) Delete  
Name: FALLIERS, JOHN C  
Address: 4100 NEWPORT PLACE STE 800  
City-St-Zip: NEWPORT BEACH, FL 92660

Title: AVP ( ) Delete  
Name: LEMONS, DAWN M  
Address: 4890 W KENNEDY BLVD STE 920  
City-St-Zip: TAMPA, FL 336091863

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: WEST, DALE A  
Address: 4890 W KENNEDY BLVD STE 920  
City-St-Zip: TAMPA, FL 336091863

Title: VT (X) Change ( ) Addition  
Name: FALLIERS, JOHN C  
Address: 4100 NEWPORT PLACE STE 800  
City-St-Zip: NEWPORT BEACH, FL 92660

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: DAWN LEMONS

AVAS

04/27/2006

Electronic Signature of Signing Officer or Director

Date