2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # K96461 LIVING WATER TROPICAL FRUIT AND NUT TREE NURSERY JOHN 4:10, INC. Principal Place of Business Mailing Address %CRAIG L. JOHNSTON P. O. BOX 781 4558 61ST ST S 4558 61ST ST S LAKE WORTH, FL 33463 BOYNTON BEACH, FL 33425 US CR2E034 (11/05) 03272006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0144775 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSTON, CRAIG L DO NOT WRITE 4558 61ST ST SOUTH LAKE WORTH, FL 33463 IN THIS SPACE 3. 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. ray Signature, typed or pythted n (NOTE: Registered Agent signalure regulard when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE JOHNSTON, CRAIG L NAME STREET ADORESS 4558 61ST ST SOUTH CITY-ST-ZIP LAKE WORTH, FL TITLE NAME U00000498279 04/22/06-80088-019 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED