## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L00775

FILED Apr 20, 2006 Secretary of State

Entity Name: EVERGREEN SALES & MARKETING SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1449 S. NOVA RD DAYTONA BCH, FL 321145838 US **Current Mailing Address: New Mailing Address:** 1449 S. NOVA RD DAYTONA BCH, FL 321145838 US FEI Number: 59-2963966 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCGUIRE, ROBERT T 6983 HIDDEN GLADE PLACE SANFORD, FL 32771 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title:

Title: ( ) Delete MCGUIRE, ROBERT T Name: 6983 HIDDEN GLADE PLACE Address: City-St-Zip: SANFORD, FL 32711

Title: DP () Delete LORELLO, ROBERT J Name: 181 ARBORVUE TRAIL Address: ORMOND BEACH, FL 32174 City-St-Zip:

Title: ( ) Delete POLITO, LORI Name: 6226 FOXHAVEN CT Address: City-St-Zip: PORT ORANGE, FL 32127

(X) Change ( ) Addition MCGUIRE, ROBERT T Name: 6983 HIDDEN GLADE PLACE Address: City-St-Zip: SANFORD, FL 32711

Title: DP (X) Change ( ) Addition Name: LORELLO, ROBERT J 181 ARBORVUE TRAIL Address:

ORMOND BEACH, FL 32174 City-St-Zip:

Title: DT (X) Change ( ) Addition POLITO, LORI A Name:

6226 FOXHAVEN CT Address: City-St-Zip: PORT ORANGE, FL 32127

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: LORI A. POLITO DT 04/20/2006