2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # L68862 1. Entity Name 04-19-2004 90269 049 ***150.00 GALLEON NURSERY, INC. Principal Place of Business Mailing Address 16318 E. EDINBURGH DR. 16318 E EDINBURGH DR LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2995499 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONKIN, CANDIS B. Street Address (P.O. Box Number is Not Acceptable) 16318 EDINBURGH DR. LOXAHATCHEE FL 33470 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Director Delete TITLE Change Addition Jeffens A Burger DONKIN, JONATHAN C. NAME NAME 16318 EDINBURGH DR. 6357 Blue Bay Carele STREET ADDRESS STREET ADDRESS LOXAHATCHEE FL CITY-ST-7IP CITY-ST-ZIP Lake worth FL TITLE Delete TITLE ☐ Change ☐ Addition DONKIN, CANDIS B. NAME NAME STREET ADDRESS 16318 EDINBURGH DR. STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

B. DONKIN

13 APR 04

FILED