


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # M39256</b> 1. Entity Name <b>PLANTS OF EDEN, INC.</b>						<div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">FILED</div>  <div style="font-size: 1.2em;">2007 MAY 18 P 2:13</div>  <div style="font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>18800 SW 240 ST HOMESTEAD, FL 33031</b>				Mailing Address <b>2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
4. FEI Number <b>59-2723698</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>WORLD CORPORATE SERVICES, INC. 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	<b>DP</b> <b>LEE, STEPHEN M</b> <b>1760 NW 17TH ST</b> <b>HOMESTEAD, FL 33030</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	<b>D</b> <b>LEE, DEBRA A.</b> <b>1760 NW 17TH ST</b> <b>HOMESTEAD, FL 33030</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
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TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			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 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.							
<b>SIGNATURE:</b> <u>Stephen M. Lee</u> <b>02-16-2007 (305) 858-9910</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>							