


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # M50836 1. Entity Name FLORIDA INTERIOR PLANTS, CORP.		
Principal Place of Business 6410 MT. PLYMOUTH RD. APOPKA, FL 32712		Mailing Address PO BOX 1655 APOPKA, FL 32704
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MALAND, ROBERT C. 9100 SOUTH DADELAND BLVD. ONE DATRAN-CENTER 1409 MIAMI, FL 33156		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	TAI, WAYNE	
STREET ADDRESS	6410 MT PLYMOUTH RD.	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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.		
SIGNATURE: <u>Wayne Tai</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/14/06</u> Daytime Phone if <u>407-884-5020</u>



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0033902	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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05/08/06-80054-023 158.75

**DO NOT WRITE
IN THIS SPACE**