2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED. Mar 05, 2007 08:00 Al Secretary of State **DOCUMENT # M76509** 1. Entity Name FANCI FOLIAGE, INC. -Principal Place of Business Mailing Address 12250 MOBLEY POND LANE 12250 MOBLEY POND LANE .. MYAKKA CITY, FL. 34251 US MYAKKA CITY, FL-34251 - US - No Chg-P CR2E034 (11/05) 02172007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0033790 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MANN, E. FAYE 12250 MOBLEY POND LANE MYAKKA CITY, FL 34251 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 Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PS. MANN, E. FAYE NAME 12250 MOBLEY POND LANE STREET ADDRESS MYAKKA CITY, FL CITY-ST-ZIP TITLE U00000655954 NAME 03/14/07-80005-005 150.00 STREET ADDRESS: CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP mie 33 - 31 5.83 (Phys.) 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