


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90185 014 ****61.25

DOCUMENT # N02000008083	
1. Entity Name	
STUART GREEN MARKET, INC.	

Principal Place of Business	Mailing Address
201 SW FLAGLER AVE. STUART FL 34994	2614 S.E. DIXIE HWY. STUART FL 34996

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For
32-0056283		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRARY, LAWRENCE E III 555 COLORADO AVE., STE. 1 STUART FL 34994		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	TITLE	PRESIDENT
NAME	MALONE, BERNARD H	NAME	JOHN MACFENZIE
STREET ADDRESS	803-1 CENTRAL PKWY.	STREET ADDRESS	4969 SE GRIFFIN DRIVE
CITY-ST-ZIP	STUART FL 34994	CITY-ST-ZIP	STUART, FL 34997
TITLE	P	TITLE	D
NAME	STROBER, ERIC	NAME	ASHWORTH, WILLIAM
STREET ADDRESS	201 SW FLAGLER RD	STREET ADDRESS	1105 ALAMANDA LANE
CITY-ST-ZIP	STUART FL 34994	CITY-ST-ZIP	STUART, FL 34996
TITLE	SD	TITLE	D
NAME	KORNICK, JEAN	NAME	Andy Burr
STREET ADDRESS	2830 YATES RD	STREET ADDRESS	8738 SW 18th
CITY-ST-ZIP	FORT PIERCE FL 34981	CITY-ST-ZIP	STUART FL 34997
TITLE	VP	TITLE	
NAME	GORNY, VICKI	NAME	
STREET ADDRESS	2432 S.E. ST. LUCIE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 Section 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 617, 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: Bernard H. Malone BERNARD H. MALONE, TREAS 16 APR 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #