

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

60005547

<b>DOCUMENT # P00000044608</b> 1. Entity Name <b>CONVENT GARDENS, INC.</b>			
Principal Place of Business <b>1858 RINGLING BOULEVARD</b> <b>SARASOTA, FL 34236</b>		Mailing Address <b>1858 RINGLING BOULEVARD</b> <b>SARASOTA, FL 34236</b>	
2. Principal Place of Business <b>1990 Main Street</b> Suite, Apt. #, etc. <b>Suite 801</b> City & State <b>Sarasota FL</b> Zip <b>34236</b>		3. Mailing Address <b>1990 Main Street</b> Suite, Apt. #, etc. <b>Suite 801</b> City & State <b>Sarasota FL</b> Zip <b>34236</b>	
4. FEI Number <b>65-1010047</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SABA, RICHARD D ESQ</b> <b>2033 MAIN STREET SUITE 303</b> <b>SARASOTA, FL 34237</b>		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRICKETT, SYLVIA VIOLET C <del>1858 RINGLING BOULEVARD</del> <del>SARASOTA, FL 34236</del>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRICKETT, COLIN WHITTAM <del>1858 RINGLING BOULEVARD</del> <del>SARASOTA, FL 34236</del>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>17 Jan 2006</b> Daytime Phone #	