2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am Secretary of State DOCUMENT # P0000048262 THE GARDEN'S EDGE. INC. 05-11-2001 90450 028 ***150.00 Principal Place of Business Mailing Address 16990 WATERLINE RD 16990 WATERLINE RD **BRADENTON FL 34202 BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address TXORA 707 IXORA AVE 767 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 1/e sutor 65-1017454 Not Applicable 34222 Country \$8.75 Additional 5. Certificate of Status Desired Mountee Mawatee Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORAN, WILLIAM E JR Street Address (P.O. Box Number is Not Acceptable) 16990 WATERLINE RD **BRADENTON FL 34202** City Zip Code 8. The above named entity subsets this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of register of agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME MORAN, WILLIAM E JR NAME STREET ADDRESS 16990 WATERLINE RD STREET ADDRESS CITY-ST-7iP **BRADENTON FL. 34202** CITY-ST-ZIP VD TITLE ☐ Delete TITLE Change ☐ Addition DEAN, LEON NAME NAME 16990 WATERLINE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MORAN, JENNIFER NAME NAME STREET ADDRESS 16990 WATERLINE RD STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Morno 4-29-01