2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 05, 2005 08:00 AM Secretary of State **DOCUMENT # P00000087864** 1. Entity Name ROSIE'S TREE FARM, INC. Principal Place of Business Mailing Address 2318 BAY VILLAGE CT 2318 BAY VILLAGE CT PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 CR2E034 (10/03) 08032005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1045509 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSON, ROCIO DO NOT WRITE 2318 BAY VILLAGE CT PALM BEACH GARDENS, FL 33410 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS TITS F NAME JOHNSON, ROCIO U00000375678 2318 BAY VILLAGE CT STREET ADDRESS 08/05/05-80005-004 150.00 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 DV TITLE JOHNSON, MICHAEL NAME STREET ADDRESS 2318 BAY VILLAGE CT CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST- AP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

HOSSIDENT ALIBECTOR

FILED