

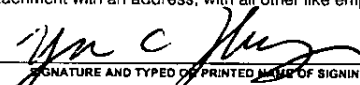


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

05-25-2006 90013 049 \*\*\*150.00

<b>DOCUMENT # P01000059029</b> 1. Entity Name <b>ORIENTAL GARDEN NURSERY, INCORPORATED</b>					
Principal Place of Business <b>19530 LAKE LINCOLN LANE EUSTIS, FL 32726</b>			Mailing Address <b>P.O. BOX 399 EUSTIS, FL 32727</b>		
2. Principal Place of Business <b>27 LAKE ARROWHEAD DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>27 LAKE ARROWHEAD DR</b> Suite, Apt. #, etc.			
City & State <b>WINTER HAVEN, FL</b> Zip <b>33880</b> Country		City & State <b>WINTER HAVEN, FL</b> Zip <b>33880</b> Country		4. FEI Number <b>59-3723355</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HUANG, YUI C 19530 LAKE LINCOLN LANE EUSTIS, FL 32726</b>			7. Name and Address of New Registered Agent Name <b>Huang, Yui Ching</b> Street Address (P.O. Box Number is Not Acceptable) <b>27 LAKE ARROWHEAD DR.</b> City <b>WINTER HAVEN</b> <b>FL</b> Zip Code <b>33880</b>		
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  <span style="float: right;">5-12-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUANG, YUI CHING 19530 LAKE LINCO LANE EUSTIS, FL 32726		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			5-12-06 352-2231748		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		