2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 21, 2004 8:00 am Secretary of State

DOCUMENT # P0100078296 1. Entity Name GREEN A FOLIAGE, INC.					07-21-2004 90024 047 ***150.00			
Principal Place of Business 30226 COUNTRY RD. 437 SORRENTO, FL 32776		Mailing Address 30226 COUNTRY RD. 437 SORRENTO, FL 32776					54064104	1
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07182004	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Numbe 59-3736		 	plied For at Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	S8.75 Add	litional
***************************************	6. Name and Address of Current I	Registered Agent	***************************************		7. Name and	Address of New Re	gistered Agent	
KIM, YOUNG S 572 BRECKENRIDGE VILLAGE #12 ALTAMONTE SPRINGS, FL 32714				Name Street Address (P.O. Box Number is Not Acceptable) / 0 2 9				
the obligat	named entity submits this statement for one of registered agent. Signor of your or syntax name of registered agent a E NOW!!! FEE IS \$150.00 LE NOW!!! FEE IS \$150.00	/ <u>`</u>	: Registerse	Agent signature required		In accordance w	ida. I am lamiliar with, DATE ith s. 607.193(2)(b), ot receive the prior i	and accept
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITUE NAME STREET ADDRESS CITY-ST-ZIP	PSD KIM, YOUNG S 572 BRECKENRIDGE VILLAGE, ALTAMONTE SPRINGS, FL 327	□ Delete #12	•				(Ychange C て、 32つ。	Addition
TITLE	VTD ;	□ Delete	TALE				☐ Change	noifibbA []
NAME STREET ADDRESS CHY-S1-ZIP	LEE, EUNAH 5028 PRESERVATION POINTE KENNESAW, GA 30152			ET ADDRESS -SI-ZIP				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Deleta	TITLE NAME STREE			_ s;	Change,	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9	☐ Delete	•	1			☐ Change	☐ Addition
TITLE NAME STREET ACCRESS CRY+ST-ZIP	11 1 1 1 1 1 1 1	☐ Delete		• 1			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	partification in formation and in the	Delete	слу-	ET ADDRESS ST-ZIP	oliou 440 Galana	Florida Character	Change	Addition
indicated	ertify that the information supplied with on this report or supplemental report is	true and accurate and that m	v signat	ure shall have the	same legal effect	as if made under o	ath: that Lam an officer	or director

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 suppliemental 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/04 352-383-7333

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Attechment

54064104

PO10000 78276

Apopka, FL 32703 July 18, 2004

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

re: Green A Foliage, Inc.

-Dear_®Sir/Ma/am:

I received your 'Notice of intent to dissolve' letter. I did not receive the original notification. Because this is a rural area, fairly often our mail gets misdirected. In addition ,we had to change the name of our company—to its present name—because our old name somewhat resembled that of another corporation.

I am requesting that any further correspondence be mailed to my home address (above).

I am enclosing my check for \$150.00, and trust that this will take care of the problem.

Sincerely,

Mrs. Young S. Kim