2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000007575

Entity Name: ROMANELLO TROPICAL NURSERY, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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20710 SW 54TH PLACE SOUTHWEST RANCHES, FL 33332

Current Mailing Address: New Mailing Address:

20710 SW 54TH PLACE SOUTHWEST RANCHES, FL 33332

FEI Number: 01-0588330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROMANELLAO, KIMBERLY S 20710 SW 54TH PL ROMANELLO, KIMBERLY S 20710 SW 54TH PL

SOUTHWEST RANCHES, FL 33332 US SOUTHWEST RANCHES, FL 33332 US

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.

SIGNATURE: KIMBERLY S. ROMANELLO 05/01/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 ROMANELLO, FRANK
 Name:
 ROMANELLO, FRANK N

 Address:
 20710 SW 54TH PL.
 Address:
 20710 SW 54TH PL.

City-St-Zip: SOUTHWEST RANCHES, FL 33332 City-St-Zip: SOUTHWEST RANCHES, FL 33332

() Delete Title: Title: (X) Change () Addition Name: ROMARELLO, KIMBERLY Name: ROMANELLO, KIMBERLY S 20710 SW 54TH PLACE Address: 20710 SW 54TH PLACE Address: SOUTHWEST RANCHES, FL 33332 SOUTHWEST RANCHES, FL 33332 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY S ROMANELLO VD 05/01/2006