


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000024048</b> 1. Entity Name <b>PLANTOPIA, INC.</b>	
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Principal Place of Business <b>4701 WEST FAIRVIEW HEIGHTS TAMPA, FL 33616</b>	Mailing Address <b>4701 WEST FAIRVIEW HEIGHTS TAMPA, FL 33616</b>
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**DO NOT WRITE IN THIS SPACE**

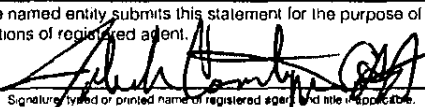


04242007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>01-0621482</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>COUNTRYMAN, JOHN A 16011 NEBRASKA AVE. NORTH SUITE 106 LUTZ, FL 33549</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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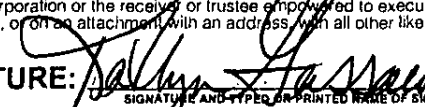
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	<b>John A. Countryman, CPA</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<b>April 25, 2007</b> <small>DATE</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST GASSAWAY, KATHRYN 4701 WEST FAIRVIEW HEIGHTS TAMPA, FL 336161048</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP SMITH, TIM 4701 WEST FAIRVIEW HEIGHTS TAMPA, FL 336161048</b>
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05/22/07-80055-012 150.00

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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 reports 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: 	<b>Kathryn Gassaway</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>April 25, 2007</b> <small>Date Daytime Phone #</small>