


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P02000024048  
1. Entity Name  
PLANTOPIA, INC.



Principal Place of Business      Mailing Address  
4701 WEST FAIRVIEW HEIGHTS      4701 WEST FAIRVIEW HEIGHTS  
TAMPA, FL 33616      TAMPA, FL 33616

**DO NOT WRITE IN THIS SPACE**



04242007    No Chg-P    CR2E034 (11/05)

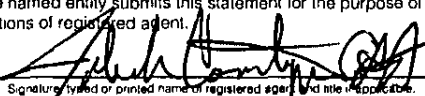
4. FEI Number      Applied For  
01-0621482      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
COUNTRYMAN, JOHN A  
16011 NEBRASKA AVE. NORTH  
SUITE 106  
LUTZ, FL 33549

**DO NOT WRITE  
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:       John A. Countryman, CPA      April 25, 2007  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

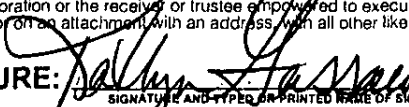
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GASSAWAY, KATHRYN 4701 WEST FAIRVIEW HEIGHTS TAMPA, FL 336161048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, TIM 4701 WEST FAIRVIEW HEIGHTS TAMPA, FL 336161048
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:       Kathryn Gassaway      April 25, 2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #