2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

FITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Feb 23, 2004 08:00 AM Secretary of State DOCUMENT # P02000064507 • GREEN SCENE, INC. Principal Place of Business Mailing Address 15396 SAN DIEGO RD 15396 SAN DIEGO RD LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 02182004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0715802 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent TROW, DENNIS M DO NOT WRITE 15396 SAN DIEGO RD LOXAHATCHEE, FL 33470 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME TROW, DENNIS M 15396 SAN DIEGO RD STREET ADDRESS U00000062874 U2/23/04-80138-017 150.00 CITY-ST-ZIP LOXAHATCHEE, FL 33470 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

12. I hereby certify that the information supplied with this filling 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 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 tustee 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: | 2-18.04 | |
|--|---------|-----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |