2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# P02000109288

Entity Name: TWIN OAKS NURSERY, INC.

Current Principal Place of Business:

1010 DOVE TREE STREET
NAPLES, FL 34117

New Principal Place of Business:

Current Mailing Address:

1010 DOVE TREE STREET
NAPLES, FL 34117

New Mailing Address:

FEI Number: 55-0808657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAU JR, ARNOLD
5341 TAMARINO RIDGE LANE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

PAU JR, ARNOLD
1010 DOVE TREE STREET
NAPLES, FL 34117 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: ARNOLD PAU, JR 04/24/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSVP ( ) Delete
Name: PAU JR, ARNOLD VP/T
Address: 1010 DOVE TREE STREET
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
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: ARNOLD PAU, JR PVSP 04/24/2006
Electronic Signature of Signing Officer or Director Date