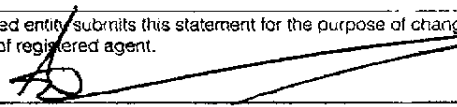
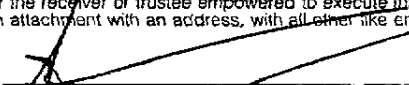


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000112767 1. Entity Name A & R GREENS NURSERY, INC.																													
Principal Place of Business 1421 S.E. 69TH WAY GAINESVILLE FL 32641			Mailing Address 1421 S.E. 69TH WAY GAINESVILLE FL 32641																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number NO-T APPLICABLE																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent REOVEN, AMIR 1421 S.E. 69TH WAY GAINESVILLE FL 32641				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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  DATE 2/6/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May E Trust Fund Contribution. ☐ Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 60%;"> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 60%;"> ☐ Change ☐ Add </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Add </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Add </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Add </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Add </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Add </td> </tr> </table>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add																												

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 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: 

2/6/06

352375-1295