
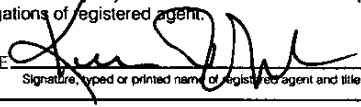
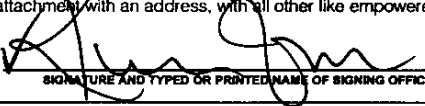


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90028 042 \*\*\*150.00

<b>DOCUMENT # P02000115690</b>			
<b>1. Entity Name</b> PLANT SUPPORT & EVALUATIONS, INC.			
<b>Principal Place of Business</b> 282 SHELLSTONE COURT NAPLES, FL 34119		<b>Mailing Address</b> 282 SHELLSTONE COURT NAPLES, FL 34119	
<b>2. Principal Place of Business</b> 3064 STRADA BELLA COURT Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3064 STRADA BELLA COURT Suite, Apt. #, etc.	
<b>City &amp; State</b> Naples, FL Zip 34119 Country		<b>City &amp; State</b> Naples, FL Zip 34119 Country	
<b>4. FEI Number</b> 39-1699596		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PAFFEL, KELLY 282 SHELLSTONE COURT NAPLES, FL 34119		<b>7. Name and Address of New Registered Agent</b> Name: PAFFEL, KELLY Street Address (P.O. Box Number is Not Acceptable): 3064 STRADA BELLA COURT City: Naples FL Zip Code: 34119	
<b>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.</b> SIGNATURE:  DATE: 3-1-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE: PT NAME: PAFFEL, KELLY STREET ADDRESS: 282 SHELLSTONE COURT CITY-ST-ZIP: NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE: PT NAME: PAFFEL, KELLY STREET ADDRESS: 3064 STRADA BELLA COURT CITY-ST-ZIP: Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VS NAME: PAFFEL, WENDY STREET ADDRESS: 282 SHELLSTONE COURT CITY-ST-ZIP: NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE: VS NAME: PAFFEL, WENDY STREET ADDRESS: 3064 STRADA BELLA COURT CITY-ST-ZIP: Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 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.</b>			
<b>SIGNATURE:</b> 		3-1-06 239-289-4498 <small>Date Daytime Phone #</small>	