

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004732

FILED
Jan 05, 2006
Secretary of State

Entity Name: HORTICULTURAL SOLUTIONS, INC.

Current Principal Place of Business:

800 E ACRE DR
PLANTATION, FL 333171307

New Principal Place of Business:

3471 SW 20TH STREET
FORT LAUDERDALE, FL 33312

Current Mailing Address:

6919 WEST BROWARD BLVD. #295
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 54-2091866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITHS, CHRISTOPHER L
800 E ACRE DR
PLANTATION, FL 333171307 US

Name and Address of New Registered Agent:

GRIFFITHS, CHRISTOPHER L
3471 SW 20TH STREET
FORT LAUDERDALE, FL 33312 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: CHRISTOPHER L. GRIFFITHS

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: GRIFFITHS, CHRISTOPHER L
Address: 800 E ACRE DR
City-St-Zip: PLANTATION, FL 333171307

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: GRIFFITHS, CHRISTOPHER L
Address: 3471 SW 20 TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33312

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: CHRISTOPHER L. GRIFFITHS

PRES

01/05/2006

Electronic Signature of Signing Officer or Director

Date