2006 FOR PROFIT GORPORATION ANNUAL REPORT

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DOCUMENT # P03000017784

H & D FOLIAGE, INC.

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

Principal Place of Business

4046 PLYMOUTH SORRENTO RD. APOPKA, FL 32712 Malling Address

4046 PLYMOUTH SORRENTO RD. APOPKA, FL 32712



03092006

No Chg-P

CR2E034 (11/05)

FEI Number
 51-0450734

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

KIM, HONG S 4046 PLYMOUTH SORRENTO RD. APOPKA, FL 32712

DO NOT WRITE IN THIS SPACE

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------|--------------------------------|------------------------------|--------------------------------------------------------------|
| | named entity submits this statement for the plants of registered agent. | surpose of changing its registered | office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE Signature, typed or printed name of registered agent and 69s if applicable (NOTE: Registered J | | | gen) signaturi | e (equired when reinstaking) | DATE |
| FIL After M | 9. Election Campaign Finance Trust Fund Contribution. | ing | \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | PD KIM, HONG S 4046 PLYMOUTH SORRENTO RD. APOPKA, FL 32712 | | | | |
| TITLE NAME SIRELI ADDRESS CITY-ST-ZIP | V KIM, DEOK H 4048 PLYMOUTH SORRENTO RD. APOPKA, FL 32712 | | | | U00000470645 03/28/06-80022-008 150.00 |
| TITLE NAME STREET ADDRESS CHY-SI-219 | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN . | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | | |
| TITLE NAMC STRLET ADDRESS CTY-ST-ZIP | | | | | |
| 12. Thereby 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 | | | | | |

Thereby detry that the mornisums supplied with this liming does not quality for the examptions 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 eath; 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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/15/06 (407)856-0329