## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Mar 28, 2008 8:00 am **Secretary of State DOCUMENT # P03000040024** 03-28-2008 90021 036 \*\*\*150.00 PEOPLE'S NURSERY, INC. Principal Place of Business Mailing Address 247550 OLMAC RD 247550 OLMAC RD AUDDEGOA SORRENTO, FL 32776 SORRENTO, FL 32776 CR2E034 (11/05) 02272008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1660627 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent PYO, MYUNG SOO DO NOT WRITE 3628 KILMARNOCK DR APOPKA, FL 32712 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PYO, MYUNG SOO 3628 KILMARNOCK DR. STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLÉ NAME: STREET ADDRESS CITY-ST-ZIP TTRE NAME STREET ADORESS 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 in changed, or on an attachment with an appropriate 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 in changed, or on an attachment with an appears, with all other like empowered.

ICER OR DIRECTOR

FILED