

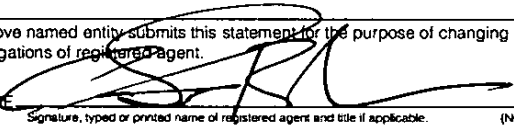
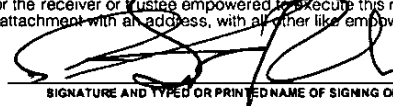


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90110 003 \*\*\*150.00

<b>DOCUMENT # P03000053792</b>					
<b>1. Entity Name</b> ABYOND GROWERS, INC.					
<b>Principal Place of Business</b> 10400 GRIFFIN RD STE 104 COOPER CITY, FL 33328			<b>Mailing Address</b> 10400 GRIFFIN RD STE 104 COOPER CITY, FL 33328		
<b>2. Principal Place of Business</b> 6499 N. Powerline Rd. Suite, Apt. #, etc. 101 City & State Fort Lauderdale, FL Zip 33309 Country USA		<b>3. Mailing Address</b> 6499 N. Powerline Rd. Suite, Apt. #, etc. 101 City & State Fort Lauderdale, FL Zip 33309 Country USA			
<b>4. FEI Number</b> 58-2674144				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04122006 Chg-P CR2E034 (11/05)	
<b>6. Name and Address of Current Registered Agent</b> BENSCHE, C. SCOTT 10400 GRIFFIN RD STE 104 COOPER CITY, FL 33328			<b>7. Name and Address of New Registered Agent</b> Name: <u>Bensch, C. Scott</u> Street Address (P.O. Box Number is Not Acceptable): <u>6499 N. Powerline Rd.</u> #101 City: <u>Fort Lauderdale, FL</u> Zip Code: <u>33309</u>		
<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: <u>4/12/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BENSCHE, C. SCOTT 10400 GRIFFIN RD STE 104 COOPER CITY, FL 33328				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bensch, C. Scott 6499 N. Powerline Road, #101 Fort Lauderdale, FL 33309				
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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>  <u>4/12/06</u> <u>954-680-1544</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					