


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90307 046 ***150.00

DOCUMENT # P03000070468		
1. Entity Name NURSERY AUTOMATION SERVICES INC.		

Principal Place of Business 25353 SW 142 AVE HOMESTEAD, FL 33032	Mailing Address 20547 OLD CUTLER ROAD SUITE 232 MIAMI, FL 33189
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30012003

2. Principal Place of Business 25351 SW 142 AVE Suite, Apt. #, etc.	3. Mailing Address 25351 SW 142 AVE Suite, Apt. #, etc.
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04102006 Chg-P CR2E034 (11/05)

City & State Homestead, FL Zip 33032 Country USA	City & State Homestead, FL Zip 33032 Country USA
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4. FEI Number 03-0523560	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRATTON, JOHN W 9730 SW 214 TERRACE MIAMI, FL 33189	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRATTON, JOHN W 9730 SW 214 TERRACE MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:  JOHN WILEY GRATTON 4/10/06 (305) 345-9008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #