2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073035

Entity Name: PARADISE NURSERY AND GARDEN CENTER, INC.

FILED Mar 19, 2007 Secretary of State

•					
Current P	rincipal Plac	e of Business:	New Principal Place of Business:		
STE#8	ATE ROAD 19 A, FL 32784				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX UMATILLA	2285 A, FL 32784				
FEI Number:	: 20-0067644	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
P.O. BOX	CHARLOTTE / 2285 A, FL 32784	A US	MILLER, CHARLOTT 37527 N. CR 44A EUSTIS, FL 32736	E A US	
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				03/19/2007	
	Electro	nic Signature of Registered A	gent	Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PT (MILLER, CHA 37527 NORTH EUSTIS, FL 3	I C.R. 44A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VS (MILLER, GEO 37527 NORTH EUSTIS, FL 3	I C.R. 44A	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CHARLOTTE A MILLER P 03/19/2007