

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 26, 2005 8:00 am
Secretary of State**

04-26-2005 90164 001 ***150.00

DOCUMENT # P03000085501		
1. Entity Name FERTILE GROUND COMPANY		

Principal Place of Business 2891 GREY OAKS BLVD. TARPO SPRINGS, FL 34689	Mailing Address 2891 GREY OAKS BLVD. TARPO SPRINGS, FL 34689
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2. Principal Place of Business 2895 Grey Oaks Blvd	3. Mailing Address 2895 Grey Oaks Blvd
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Suite, Apt. #, etc. 1000	Suite, Apt. #, etc. 1000
City & State Tampa, FL	City & State Tampa, FL
Zip 34688	Country U.S.A.
Zip 34688	Country U.S.A.

6. Name and Address of Current Registered Agent BOGGS, E. JACKSON 501 EAST KENNEDY BLVD., STE. 1700 TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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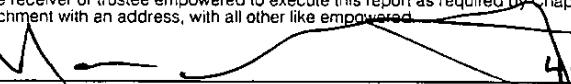
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. <input type="checkbox"/> May Be Added to Fees	\$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 RUTENBERG, MARC 2891 GREY OAKS BLVD. TARPO SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS RUTENBERG, MARC 2895 Grey Oaks Blvd Tampa, FL 34688	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
4/19/05 (727)945-0077
Signature and Typed or Printed Name of Signing Officer or Director
Marc Rutenberg
Date
Daytime Phone #