2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111492

Entity Name: NURSEY ROAD INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18698 US HIGHWAY 19 P O BOX 252

CLEARWATER, FL 33764 US LAND O LAKES, FL 34639 US

Current Mailing Address: New Mailing Address:

18698 US HIGHWAY 19 P O BOX 252

CLEARWATER, FL 33764 US LAND O LAKES, FL 34639 US

FEI Number: 20-0291045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARRIGAN, THOMAS J
11282 W. HILLSBOROUGH AVENUE
CARRIGAN, THOMAS J
3910 NORTHDALE AVENUE SUITE 100

TAMPA, FL 33635 US TAMPA, FL 33624 US

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.

SIGNATURE: 04/30/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS () Delete Title: DIR (X) Change () Addition

Name: SIDDIQUI, SAMRA Name: THOMAS, CARRIGAN

Address: 6342 BONNIE BAY CIRCLE Address: 3910 NORTHDALE BLVD SUITE 100

City-St-Zip: PINELLAS PARK, FL 33781 US City-St-Zip: TAMPA, FL 33624 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS J CARRIGAN DIR 04/30/2005