2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# P03000148101

Entity Name: NEWVISIONS FULL SERVICE NURSERY, INC.

Current Principal Place of Business:

1901 N HARBOR CITY BLVD
MELBOURNE, FL 32935

New Principal Place of Business:

1861 N HARBOR CITY BLVD
MELBOURNE, FL 32935

Current Mailing Address:

1861 N HARBOR CITY BLVD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 20-0455356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLE, MICHAEL A P
1901 N HARBOR CITY BLVD
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

COLE, MICHAEL A P
1861 N HARBOR CITY BLVD
MELBOURNE, FL 32904 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: _____ 04/25/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: COLE, MICHAEL A
Address: 1861 N HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL A COLE P 04/25/2012
Electronic Signature of Signing Officer or Director — Date