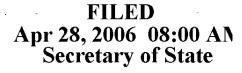
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P03000154907** 1. Entity Name CANNON TREES, INC. Mailing Address Principal Place of Business 19001 RAINTREE DR 19001 RAINTREE DR BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601





04252006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number

55-0856540 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent					_
CANNON, ADAM HANSEL 16252 JONES RD BROOKSVILLE, FL 34601				DO NOT WRITE IN THIS SPACE	
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, typod 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, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
NITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, ADAM HANSEL 16252 JONES RD BROOKSVILLE, FL 34601				U00000543489 05/10/06-80139-019 150.00
NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, KENNETH GORDON 19008 RAINTREE DR BROOKSVILLE, FL 34601				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, EUNICE B 19008 RAINTREE DR BROOKSVILLE, FL 34601				NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: \_

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR