


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90059 031 ***150.00

DOCUMENT # P04000062699			
1. Entity Name THE UNPRETENTIOUS GARDEN, INC.			
Principal Place of Business 1750 EAST LAS OLAS BLVD #401 FT LAUDERDALE, FL 33301		Mailing Address 601 NE 11TH ST 416 FORT LAUDERDALE, FL 33304	
2. Principal Place of Business <i>601 NE 11th St</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>416</i>		Suite, Apt. #, etc.	
City & State <i>Fort Lauderdale FL</i>		City & State	
Zip <i>33304</i>	Country <i>U.S.A</i>	Zip	Country
6. Name and Address of Current Registered Agent GALLUCCIO, PAUL 533 ORTON AVENUE FT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name <i>BRIAN P. BOYLE</i> Street Address (P.O. Box Number is Not Acceptable) <i>2101 NE 25th St</i> City <i>WILTON MANORS</i> FL Zip Code <i>33305</i>	
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 <i>[Signature]</i> DATE <i>2/24/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, MALCOM JR 601 NE 11TH ST #416 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i>		Date <i>2/24/06</i> Daytime Phone # <i>954 296 2019</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



02222006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1055931 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required