2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 03-24-2006 90032 028 ***150.00 **DOCUMENT # P04000064258** K&P NURSERY, INC. Principal Place of Business Mailing Address 30136 CR 437 S 30136 CR 437 S SORRENTO, FL 32776 SORRENTO, FL 32776 03052006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1005251 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IL PARK, KWANG DO NOT WRITE 30136 CR 437 S SORRENTO, FL 32776 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 Squature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PARK, KWANG I STREET ADDRESS 30136 CR 437 S CITY-ST-ZIP SORRENTO, FL 32776 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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

SIGNATURE:

FILED

Mar 24, 2006 8:00 am