### 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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#### DOCUMENT # P04000085097

1. Entity Name
MU-GROW BROTHERS, INC.



Principal Place of Business

403 HOPE ST. TARPON SPRINGS, FL 34689 Mailing Address

403 HOPE ST.

TARPON SPRINGS, FL 34689

### FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90387 041 \*\*\*150.00

40057124



01172006

No Chg-P

CR2E034 (11/05)

4. FEI Number 55-0869655

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MOUGROS, THEOFILOS E 403 HOPE ST. TARPON SPRINGS, FL 34689

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	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	d applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOUGROS, THEOFILOS E 403 HOPE ST. TARPON SPRINGS, FL 34689				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS				DO NO	T WDITE

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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 reference 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 attact/pent with a address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

SIGNATURE AND THEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4-20-06

Date

Daytime Phone #