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Secretary of State
08-28-2006 90003 012 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000091548

1. Entity Name
EVERGREEN FINANCIAL SERVICES INC.

Principal Place of Business	Mailing Address
222 LAKEVIEW AVE., STE. 160-237 WEST PALM BEACH, FL 33401	222 LAKEVIEW AVE., STE. 160-237 STE 160-237 WEST PALM BEACH, FL 33401

50026539

04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2143951
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD. #221E
PALM BEACH GARDENS, FL 33410

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARROLL, JOHN T
STREET ADDRESS	222 LAKEVIEW AVE., STE. 160-237
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	CARROLL, CATHERINE S
STREET ADDRESS	222 LAKEVIEW AVE., STE. 160-237
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	CARROLL, MARCIA M
STREET ADDRESS	222 LAKEVIEW AVE., STE. 160-237
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____ X 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

S00216-39
#P04000091548

To: Florida Department of State
Division of Corporations

Subject: Missing Check

Date: Aug. 23, 2006

Dear Sir/Madam,

I am writing this note to resolve a problem with a missing check. I sent check #2163 to the Division of Corporations on April 25th, 2006. Apparently it has been misplaced. I have been out of town for the best part of May, June and July because of serious illnesses with several members of my family. I am now going through my mail, which had been collected for me, and came across your notice dated May 18th. I know I mailed this check along with annual report, there were more than adequate funds to cover the check, but I now find that it has not been cashed.

I am a one-man (70 year old) with a very small company with my wife and daughter as required other officers. I am respectfully asking you to accept my enclosed check for $150.-, as payment in full for my Annual Business Report, as it appears that the other check sent was misplaced.

I thank you for your consideration,

Sincerely

John T. Carroll