## 2006 FOR PROFIT CORPORATION

## FILED May 03, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P04000095969 Lentity Name **EVERYTHING GREEN, INC.** Principal Place of Business Mailing Address 15301 SW 271 ST 15301 SW 271 ST HOMESTEAD, FL 33032 HOMESTEAD, FL 33032 04202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1637462 Not Applicable \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANSEN, TOIVOL DO NOT WRITE 15301 SW 271 ST HOMESTEAD, FL 33032 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required which reinstating) ND0000055963<mark>9</mark> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 05/18/06-80007-010 150.00 OFFICERS AND DIRECTORS 10. TITLE MANSEN, TOIVOL NAME 15301 SW 271 ST STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33032 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-219 TITLE IN THIS SPACE STREET ADDRESS City-St-Zip NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 cath; 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS C11Y-S1-ZiP

Davime Phone 5