
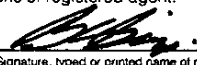
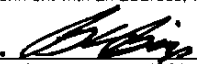


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90065 038 ***150.00

DOCUMENT # P04000104528 1. Entity Name UNITED GARDENS (USA), INC.					
Principal Place of Business 1340 RED BUD LANE JACKSONVILLE, FL 32207			Mailing Address 1340 RED BUD LANE JACKSONVILLE, FL 32207		
2. Principal Place of Business 310 NORTH SHORE CIRCLE		3. Mailing Address 310 NORTH SHORE CIRCLE			
Suite, Apt. #, etc. # 713 THE RESIDENCE		Suite, Apt. #, etc. # 713 THE RESIDENCE			
City & State ST AUGUSTINE		City & State ST AUGUSTINE			
Zip 32092	Country U.S.A FL	Zip 32092	Country U.S.A FL	4. FEI Number 33-1098741	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BISHOP, BRIAN C 1340 RED BUD LANE JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name BRIAN C. BISHOP Street Address (P.O. Box Number is Not Acceptable) 310 NORTH SHORE CIRCLE UNIT 713 THE RESIDENCE City ST AUGUSTINE FL Zip Code 32092	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 BISHOP, BRIAN C 1340 RED BUD LANE JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BISHOP, BRIAN C 310 NORTH SHORE CIRCLE # 713 THE RESIDENCE ST AUGUSTINE FL 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BISHOP, RUTH 1340 RED BUD LANE JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BISHOP RUTH 310 NORTH SHORE CIRCLE # 713 THE RESIDENCE ST AUGUSTINE FL 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		