

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108908

Entity Name: ORCHID PINES NURSERY, INC.

FILED
Feb 06, 2006
Secretary of State

Current Principal Place of Business:

20315 S.W. 5TH ST
PEMBROKE PINES, FL 33029

New Principal Place of Business:

5722 SOUTH FLAMINGO RD.
SUITE 267
COOPER CITY, FL 33330

Current Mailing Address:

20315 S.W. 5TH ST
PEMBROKE PINES, FL 33029

New Mailing Address:

5722 SOUTH FLAMINGO RD.
SUITE 267
COOPER CITY, FL 33330

FEI Number: 20-1440751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUSSMAN, L.B.
20315 S.W. 5TH ST
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

SUSSMAN, L.B.
5722 SOUTH FLAMINGO RD
SUITE 267
COOPER CITY, FL 33330 US

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.

SIGNATURE: L.B.SUSSMAN

02/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPV () Delete
Name: SUSSMAN, L.B.
Address: 20315 S.W. 5TH ST
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change () Addition
Name: SUSSMAN, L.B.
Address: 5722 S. FLAMINGO RD.
City-St-Zip: COOPER CITY, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L.B. SUSSMAN

DPV

02/06/2006

Electronic Signature of Signing Officer or Director

Date