2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# P04000116606

Entity Name: THE HOME PLANT NURSERY, CORP.

Current Principal Place of Business:

13535 SW 47TH ST.
MIAMI, FL 33175

New Principal Place of Business:

4655 SW 127 AVE
MIAMI, FL 33175

Current Mailing Address:

P.O. BOX 650929
MIAMI, FL 33265

New Mailing Address:

FEI Number: 20-1475852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, CARLOS A
13535 SW 47 ST
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: RODRIGUEZ, CARLOS
Address: PO BOX 650929
City-St-Zip: MIAMI, FL 33265

Title: D ( ) Delete
Name: RODRIGUEZ, CARLOS
Address: PO BOX 650929
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS A. RODRIGUEZ PVST 01/13/2009

Electronic Signature of Signing Officer or Director — Date