
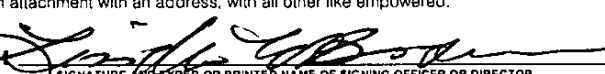


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90024 013 ***150.00

DOCUMENT # P05000036301						
1. Entity Name TREES OF PARADISE, INC.						
Principal Place of Business 2519 W. CAPE CORAL PARKWAY CAPE CORAL, FL 33914 US			Mailing Address P.O. BOX 100158 CAPE CORAL, FL 33910 US			
2. Principal Place of Business - No P.O. Box # 5328 SW 8th Court Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State Cape Coral, FL		City & State		4. FEI Number 06-1742170		
Zip 33914		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BROWN, LINDA M 2519 W. CAPE CORAL PKWY CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent Name: Brown, Linda M Street Address (P.O. Box Number is Not Acceptable): 5328 SW 8th Court City: Cape Coral FL Zip Code: 33914			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD RONNENG, LEO J 2519 W. CAPE CORAL PKWY CAPE CORAL, FL 33914		<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	VPD BROWN, LINDA M 2519 W. CAPE CORAL PKWY CAPE CORAL, FL 33914		<input type="checkbox"/> Delete	UPDST Brown, Linda M 5328 SW 8th Court Cape Coral, FL 33914	<input checked="" 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	
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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 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 			3/19/08			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>			