2007 FOR PROFIT CORPORATION ANNUAL REPORT.

Apr 16, 2007 08:00 AM Secretary of State DOCUMENT # P05000066964 1. Entity Name GREENTREE SOUTH, INC. Principal Place of Business Mailing Address 2800 TWIN OAKS WAY 2800 TWIN OAKS WAY WELLINGTON, FL 33414 WELLINGTON, FL 33414 04062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2811971 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUMES, SUSAN S DO NOT WRITE 2800 TWIN OAKS WAY WELLINGTON, FL 33414 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. Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D HUMES, SUSAN S NAME STREET ADDRESS 2800 TWIN OAKS WAY CITY-ST-7IP WELLINGTON, FL 33414 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS U000008711397 CITY-ST-ZIP 04/26/07-80004-008,150.00 TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

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FILED