
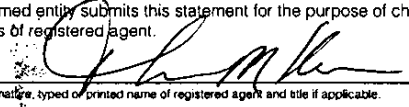
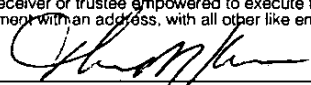


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90425 035 ***150.00

DOCUMENT # P05000076799 1. Entity Name GUARANTEED GREEN OF CENTRAL FLORIDA, INC.																													
Principal Place of Business 19829 COUNTY ROAD 455 FERNDAL, FL 34729 US			Mailing Address 19829 COUNTY ROAD 455 FERNDAL, FL 34729 US																										
2. Principal Place of Business 19829 County Road 455 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 123 Suite, Apt. #, etc.																											
City & State Ferndale, Florida Zip 34729 Country USA		City & State Ferndale, Florida Zip 34729 Country USA		4. FEI Number 20-2931802 Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent KRAA, THERESA M 19829 COUNTY ROAD 455 FERNDAL, FL 34729			7. Name and Address of New Registered Agent Name Theresa M. Kraa Street Address (P.O. Box Number is Not Acceptable) 19829 County Road 455 City Ferndale FL Zip Code 34729																										
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 4/26/06 <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, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KRAA, THERESA M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>19829 COUNTY ROAD 455</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FERNDAL, FL 34729</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	KRAA, THERESA M		STREET ADDRESS	19829 COUNTY ROAD 455		CITY - ST - ZIP	FERNDAL, FL 34729		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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:  Theresa M. Kraa 1/17/06 407-469-1228 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													