


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000077086

1. Entity Name
 GREEN LEAF HOLDINGS CORP.



Principal Place of Business
 7001 78TH AVE. N.
 PINELLAS PARK, FL 33781

Mailing Address
 7001 78TH AVE. N.
 PINELLAS PARK, FL 33781

DO NOT WRITE IN THIS SPACE



08302007 No Chg-P CR2E034 (11/05)

4. FEI Number
 26-0117752 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHARLES, CHARLENE M
 7001 78TH AVE. N.
 PINELLAS PARK, FL 33781

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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 _____ (NOTE: Registered Agent signature required when reinstating)

U00000773128
 08/31/07-80001-025 150.00

DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHARLES, CHARLENE M
STREET ADDRESS	7001 78TH AVE. N.
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: Charlene M. Charles, as director 8/29/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

727-459-3065