2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000109747

Entity Name: DREAM STONE FARM & NURSERY, INC.

FILED Mar 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14300 SW 194 AVE MIAMI, FL 33196

Current Mailing Address: New Mailing Address:

14300 SW 194 AVE MIAMI, FL 33196

FEI Number: 20-3433793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FERNANDEZ, CARLOS JR 1317 SW 76 CT. MIAMI, FL 33144 US PADRON & ASSOCIATES INC 2095 W 76 STREET SUITE 102 HIALEAH, FL 33016 US

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: RAFAEL M PADRON - PRESIDENT 03/29/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MAYTIN, JUDY FERNANDEZ, CARLOS JR Name: Name: 1315 SW 90 AVE 14300 SW 194 AVE Address: Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: MIAMI, FL 33196

Title: PD () Delete Title: VPSD (X) Change () Addition

 Name:
 FERNANDEZ, CARLOS JR
 Name:
 ROQUE, GRACE B

 Address:
 1317 SW 76 CT.
 Address:
 14300 SW 194 AVE

 City-St-Zip:
 MIAMI, FL 33144
 City-St-Zip:
 MIAMI, FL 33196

Title: () Delete Title: DT () Change (X) Addition

 Name:
 Name:
 FERNANDEZ, ORESTES

 Address:
 Address:
 14300 SW 194 AVE

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the 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: GRACE B ROQUE VP 03/29/2006