2006 FOR PROFIT CORPORATION ANNUÁL REPORT (AR)

Apr 20, 2006 8:00 am Secretary of State DOCUMENT # P05000110491 04-20-2006 90198 019 ***150.00 ALL TREES PLUS INCORPORATED Principal Place of Business Mailing Address 2900 S HWY 41 LOT J11 RUSKIN FL 33570 2900 S HWY 41 LOT J11 RUSKIN FL 33570 2. Principal Place of Business 3. Mailing Address 201-110 201-11 IL Ave N.W. Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) LOT-11 Sity & State 4. FEI Number Applied For 76-079999 rus Kin Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 336 6. Name and Address of Corrent Registered Agent Name and Address of New Registered Agent VANDERZEL, ROBERT G 2900 S HWY 41 LOT J11 RUSKIN FL 33570 · 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. Robert G. VANderzel PD 4-11-2006 SIGNATURE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition ☐ Change TITLE PD Delete TITLE NAME VANDERZEL, ROBERT G NAME STREET ADDRESS STREET ADDRESS 2900 S HWY 41 LOT J11 RUSKIN FL 33570 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition fift F ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST2ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition HAME MARK. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7tP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED