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May 11, 2007 8:00 am
Secretary of State
04-23-2007 90089 002 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000033746

66014537

1. Entity Name
A PLANT ABOVE NURSERIES, INC.

Principal Place of Business	Mailing Address
14095 43RD ROAD N LOXAHATCHEE, FL 33470 US	14095 43RD ROAD N LOXAHATCHEE, FL 33470 US

04182007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3604 C ROAD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LOXAHATCHEE FL	City & State:
Zip: 33470 Country: US	Zip: Country:

4. FEI Number: 204447020 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEYOND ACCOUNTING & BOOKKEEPING, INC. 1801 S. FEDERAL HWY ~~SUITE 290~~ DELRAY BEACH, FL 33483	Name: Street Address (P.O. Box Number is Not Acceptable): SUITE 218 City: FL Zip Code:

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

FILE NUMBER FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,T ROCKETT, DAMON C 14095 43RD ROAD NORTH LOXAHATCHEE, FL 33470	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP,S ROCKETT, JAMES 5658 STRAWBERRY LAKES CIRCLE LAKE WORTH, FL 33463	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ 4-17-07 561-795-1995
SIGNATURE AND TITLE OF CHAIRMAN OF BOARD, OFFICER OR DIRECTOR — Date — Daytime Phone #