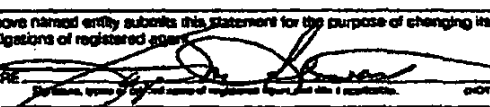
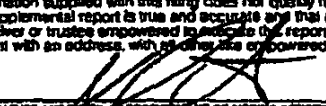


FILED
May 11, 2007 8:00 am
Secretary of State

04-23-2007 90089 002 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000033746																																																																																						
1. Entity Name A PLANT ABOVE NURSERIES, INC.																																																																																						
Principal Place of Business 14095 43RD ROAD N LOXAHATCHEE, FL 33470 US		Mailing Address 14095 43RD ROAD N LOXAHATCHEE, FL 33470 US																																																																																				
2. Principal Place of Business - No P.O. Box # 3604 C ROAD Suite, Apt. #, etc.		3. Mailing Address 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 BEYOND ACCOUNTING & BOOKKEEPING, INC. 1801 S. FEDERAL HWY SUITE 208 DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent 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 FEB 19 \$150.00 After May 1, 2007 Fee will be \$250.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																				
<table border="1"><thead><tr><th colspan="2">10. OFFICERS AND DIRECTORS</th><th colspan="2">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th></tr></thead><tbody><tr><td>TITLE</td><td>P.T. ☐ Delete</td><td>TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td>ROCKETT, DAMON C</td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td>14095 43RD ROAD NORTH</td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LOXAHATCHEE, FL 33470</td><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td>VP.S ☐ Delete</td><td>TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td>ROCKETT, JAMES</td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td>5658 STRAWBERRY LAKES CIRCLE</td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LAKE WORTH, FL 33463</td><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td>☐ Delete</td><td>TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td>☐ Delete</td><td>TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td>☐ Delete</td><td>TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td>CITY-ST-ZIP</td><td></td></tr></tbody></table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	P.T. ☐ Delete	TITLE	☐ Change ☐ Addition	NAME	ROCKETT, DAMON C	NAME		STREET ADDRESS	14095 43RD ROAD NORTH	STREET ADDRESS		CITY-ST-ZIP	LOXAHATCHEE, FL 33470	CITY-ST-ZIP		TITLE	VP.S ☐ Delete	TITLE	☐ Change ☐ Addition	NAME	ROCKETT, JAMES	NAME		STREET ADDRESS	5658 STRAWBERRY LAKES CIRCLE	STREET ADDRESS		CITY-ST-ZIP	LAKE WORTH, FL 33463	CITY-ST-ZIP		TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		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 prepare 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 offices I am empowered.																																																																																						
SIGNATURE 		Date 4-17-07 Daytime Phone # 561.795-1995																																																																																				

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