2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000098265

Entity Name: E PLANT NURSERY, INC.

FILED Apr 27, 2009 Secretary of State

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

4301 AUTUMN LEAVES DRIVE TAMPA, FL 33624 US

Current Mailing Address: New Mailing Address:

4301 AUTUMN LEAVES DRIVE TAMPA, FL 33624 US

FEI Number: 20-5270396 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHRISTIAN, DIAZ
311 HICKORY LN.
SEFFNER, FL 33584 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: CHRISTIAN DIAZ 04/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 DIAZ, CHRISTIAN
 Name:
 DIAZ, CHRISTIAN

Address: 311 HICKORY LN. Address: 908 NINA ELIZABETH CIR APT 103

City-St-Zip: SEFFNER, FL 33584 US City-St-Zip: BRANDON, FL 33510 US

Name: DIAZ, CRISTINA I Name: DIAZ, CRISTINA I

Address: 311 HICKORY LN. Address: 908 NINA ELIZABETH CIR APT 103

City-St-Zip: SEFFNER, FL 33584 US City-St-Zip: BRANDON, FL 33510 US

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTIAN DIAZ P 04/27/2009