2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000110769

Entity Name: NEW SHOOTS BAMBOO NURSERY, INC.

1241 SW WELLINGTON AVE

PORT SAINT LUCIE, FL 34953

Address: City-St-Zip: FILED Apr 22, 2009 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
4505 S.W. STUART,	KANNER HIG FL 34997	HWAY			
Current Mailing Address:			New Mailing Address:		
4505 S.W. STUART,	KANNER HIG FL 34997	HWAY			
FEI Number	: 20-5339069	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
9720 STIR SUITE 203 COOPER The above	CITY, FL 3302	24 US	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
		nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BARNEY JR., \$ 726 MARITIME		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (ROBINSON, DI 12243 FLORID STUART, FL 3	A AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S (FELL, DIANA) Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DEVON ROBINSON VP 04/22/2009