2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000002707

- 44 N

FILED Mar 11, 2006 Secretary of State

Entity Name: TROPICAL WORLD NURSERY, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	PICAL WORLD N BEACH, FL 3			
Current Mailing Address:		New Mailing Address:		
	PICAL WORLE N BEACH, FL 3			
FEI Numbei	r: 65-0376418	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	N, C B OPICAL WORLE N BEACH, FL 3			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
in the Stat	e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
n the Stat	e of Florida. RE:	submits this statement for the particles in the particles in Signature of Registered Agreement for the particles in the particle in the particles in the particle in the particles in the particles in the particles in the particle in the		d office or registered agent, or both, Date
in the Stat	e of Florida. RE: Electron			
in the Stat SIGNATU Election Ca	e of Florida. RE: Electron	ic Signature of Registered Ag	ent	
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	e of Florida. RE: Electron mpaign Financing S AND DIREC	ic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete L WORLDWAY	ent	Date
in the Stat SIGNATU Election Ca	e of Florida. RE: Electron mpaign Financing S AND DIREC D () PEARSON, C B 7401 TROPICA BOYNTON BEA V () MARINO, MICH	ic Signature of Registered Age Trust Fund Contribution (). TORS: Delete L WORLDWAY CH, FL 33437 Delete AEL S L WORLD WAY	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify for the 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: C. BRUCE PEARSON PRES 03/11/2006