


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90045 017 \*\*\*150.00

<b>DOCUMENT # P93000027753</b>	
1. Entity Name <b>GENESIS NURSERY CORP.</b>	

Principal Place of Business <b>P.O. BOX 635 LOXAHATCHEE GROVES, FL 33470-0635</b>	Mailing Address <b>P.O. BOX 635 LOXAHATCHEE GROVES, FL 33470-0635</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>PO Box 511205</b>	3. Mailing Address Suite, Apt. #, etc. <b>PO Box 511205</b>
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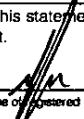
City & State <b>Punta Gorda FL</b>	City & State <b>Punta Gorda FL</b>
Zip <b>33951</b> Country <b>Charlotte</b>	Zip <b>33951</b> Country <b>Charlotte</b>

02072006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0403581</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SPENCER, GENE 1560 "A" ROAD LOXAHATCHEE GROVES, FL 33420</b>	7. Name and Address of New Registered Agent Name <b>Gene Spencer</b> Street Address (P.O. Box Number is Not Acceptable)  <b>17103 O'Hara</b> City <b>Port Charlotte FL</b> Zip Code <b>33948</b>
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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: **2-7-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SPENCER, GENE</b>		NAME <b>Gene Spencer</b>	
STREET ADDRESS <b>354 SANDPIPER AVENUE</b>		STREET ADDRESS <b>17103 O'Hara</b>	
CITY-ST-ZIP <b>ROYAL PALM BEACH, FL 33411</b>		CITY-ST-ZIP <b>Port Charlotte FL 33948</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE: **2-7-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #