

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000075219

FILED
Jul 24, 2006
Secretary of State**Entity Name:** GREENTREE INVESTORS GROUP, INC.**Current Principal Place of Business:**611 W AZEELE STREET
TAMPA, FL 33606**New Principal Place of Business:**405 S. DALE MABRY HWY
STE. 345
TAMPA, FL 33609**Current Mailing Address:**611 W AZEELE STREET
TAMPA, FL 33606**New Mailing Address:**405 S. DALE MABRY HWY.
STE. 345
TAMPA, FL 33609**FEI Number:** 59-3226620**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SMITH, H S III
611 W AZEELE STREET
TAMPA, FL 33606 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** TDP () Delete
Name: SMITH, H S III
Address: 611 W AZEELE STREET
City-St-Zip: TAMPA, FL**Title:** S (X) Delete
Name: SMITH, SUSAN A
Address: 611 W. AZEELE STREET
City-St-Zip: TAMPA, FL 33606**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: MUSHINSKY, BRAD
Address: 405 S. DALE MABRY HWY.
City-St-Zip: TAMPA, FL 33609**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: BRAD MUSHINSKY

PD

07/24/2006

Electronic Signature of Signing Officer or Director_____
Date