2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # P93000084078 1. Entity Name 97 MAR 21 AM 7: 24 PLANT SOLUTIONS, INC. Principal Place of Business Mailing Address 7333 HYPOLUXO FARMS RD. 7333 HYPOLUXO FARMS RD. 03/05/07 01002 012 \$1117,50 LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 65-0453803 Not Applicable Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOWEL MARBUET MARQUEZ, MARGARET Street Address (P.O. Box Number is Not Acceptable) 7333 HYPOLUXO FARMS $R_{oldsymbol{\Sigma}}$ LAKE WORTH, FL 33463 WORTH I am familiar with, and accept 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, the obligations of registered agent. SIGNATURE_ Sture, typed or printed name of registered agent and title if applicati (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSDC <u>557</u>C Delete TITLE LIDIDEL MACRUEZ MARQUEZ, MARGARET NAME NAME 7333 Hypoluxo FACKS RD. 7333 HYPOLUXO FARMS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 AKE WORTH, FL 33463 CITY - ST - ZIP TITLE Addition TITLE Delete LICUEL M. MARQUEZ MARQUEZ, MARGARET NAME 7333 HAPOLUXO FAINS RA. STREET ADDRESS 7333 HYPOLUXO FARMS RD. STREET ADDRESS LAKE WORTH, FL 33463 CITY-ST-ZIP. AKE WORTH, FL 33463 CITY-ST-ZP TITLE ☐ Change · ☐ Addition ☐ Delete MARQUEZ, LIONEL NAME NAME STREET ADDRESS 7333 HYPOLUXO FARMS RD. STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-SI-ZIÉ ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 chapter 607 an attachment with an address, with all other the empowered.

MARKET STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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