2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2008 08:00 AM DOCUMENT # P93000087096 **Secretary of State** 1. Entity Name PLANT WORLD, INC. Principal Place of Business Mailing Address PO BOX 7028 PO BOX 7028 LAKE WORTH FL 33466 LAKE WORTH FL 33466 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 65-0455128 Not Applicable Zip Country Zρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIRKENMEYER, JOSEPH L Street Address (P.O. Box Number is Not Acceptable) 144 HAMOCKS DR **GREENACRES FL 33413** City Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Solutions, typed or mining illeger of registered absent and Life it emploable. (ILOTE Recisiered Apert someture requirers when represented DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Derete TITLE ☐ Change Addition NAME BIRKENMEYER, JOSEPH L NAME PO BOX 7048 N/A STREET ADDRESS STREET ADDRESS U00000837298 CITY-ST-ZIP LAKE WORTH FL 33466 na/ñ4/ñ8-8ññ51-nns 158.75 CITY - ST-ZIP TITLE Dalete TITE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deiele TITLE ☐ Change Addition мамг STREET AL/DRESS STREET ADDRESS CITY-S1-ZIP CHY-SI-ZIF TITLE Defeto THEE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP

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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 exachment with an address, with all other like empowered.

SIGNATURE: Signature: Signature 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 by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an exachment with an address, with all other like empowered.

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information