
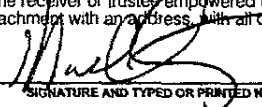


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000021968 1. Entity Name PROGRESSIVE FOLIAGE, INC.		
Principal Place of Business PO BOX 823916 SOUTH FLORIDA, FL 33082 US	Mailing Address PO BOX 823916 SOUTH FLORIDA, FL 33082 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KANTOR, PHILIP M ESQ. 200 S. BISCAYNE BLVD. SUITE 3160 MIAMI, FL 33131-2367		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MELTZER, HOWARD PO BOX 823916 SOUTH FLORIDA, FL 33028	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FINEBERG, ALAN 831 NE 207 LANE #102 NORTH MIAMI BEACH, FL 33179	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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:  HOWARD MELTZER		1/25/06 9544458148 <small>Date Daytime Phone #</small>



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0471508	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/08/06-80081-007 150.00

**DO NOT WRITE
IN THIS SPACE**