2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000088197

1. Entity Name
EVERGREEN INVESTMENTS, INC.

Principal Place of Business	Mailing Address
13129 N 19 STREET	SUITE 510-257
STE 510-257	2519 MCMULLEN BOTH RD
TAMPA, FL 33612 US	CLEARWATER, FL 33761 US

DO NOT WRITE IN THIS SPACE

01052007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3287793	Not Applicable

5. Certificate of Status Desired   ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOEL, JERRY
SUITE 510-257
2519 MCMULLEN BOOTH ROAD
CLEARWATER, FL 34621

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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 _____   1/4/07
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NOEL, JERRY
STREET ADDRESS	2519 MCMULLAN BOOTH RD
CITY-ST-ZIP	CLEARWATER, FL

TITLE	D
NAME	GONZALEZ, ERNESTO P
STREET ADDRESS	3137 OLD POST DR
CITY-ST-ZIP	BALTIMORE, MD 21208

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/16/07-80012-010 158.75

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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: _____   1/4/07   (727) 467-4282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #