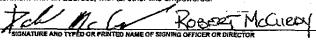
2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2006 08:00 AM **DOCUMENT # P95000081827 Secretary of State** 1. Entity Name MCCURDY NURSERY, INC. Principal Place of Business Mailing Address 24900 SOUTHWEST 197TH AVENUE 24900 SOUTHWEST 197TH AVENUE HOMESTEAD, FL 33031 HOMESTEAD, FL 33031 No Chg-P CR2E034 (11/05) 01122006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 65-0629546 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PASTRAN, RAUL DO NOT WRITE 333 NE 8TH STREET HOMESTEAD, FL 33030 IN THIS SPACE 3. 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution, 🚊 Added to Fees 10. OFFICERS AND DIRECTORS PTSD me MCCURDY, ROBERT NAME STREET ADDRESS 24900 SOUTHWEST 197TH AVENUE CITY-SY-ZIP HOMESTEAD, FL 33031 TITLE NAME U00000385989 01/19/06-80021-003 150.00 STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP DDE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TIRE

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:

NAME STREET ADDRESS CITY-ST-ZIP



1/12/06

(305)242-7069

FILED