2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036709

Entity Name: CLASSIC NURSERY, INC.

N. MIAMI, FL 33179

City-St-Zip:

FILED Apr 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 337 CLEARY RD WEST PALM BEACH, FL 33413 **Current Mailing Address: New Mailing Address:** 337 CLEARY RD WEST PALM BEACH, FL 33413 FEI Number: 65-0768608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THWING, KIMBERLY S 6968 PIONEER ROAD WEST PALM BEACH, FL 33413 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: VTSD () Delete Title: () Change () Addition THWING, KIMBERLY S Name: Name: 6968 PIONEER ROAD Address: Address: City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: () Delete Title: DP Title: (X) Change () Addition PINKARD, ALLEN PINKARD, ALLEN Name: Name: 20210 N.E. 14 AVENUE Address: 6968 PIONEER ROAD Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY S. THWING VTSD 04/17/2006

WEST PALM BEACH, FL 33413