2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Feb 05, 2007 08:00 AM Secretary of State DOCUMENT # P96000049768 1. Entity Name GARY'S PARADISE GARDENS, INC. Principal Place of Business Mailing Address 650 25TH STREET SW PO BOX 918 PLANETARIUM STATION NAPLES, FL 34117 US NEW YORK, NY 10024 01162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0677670 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent NULL, GARY PRES DO NOT WRITE 650 25TH STREET SW NAPLES, FL 34117 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. Signature, typed or printed name of replatered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 02/13/07-80059-012 158.75 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PRES TITLE NULL, GARY PRES NAME STREET ADDRESS 650 25TH STREET SW CITY-ST-ZIP NAPLES, FL 34117 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE

IN THIS SPACE

12. Thereby 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
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY+ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun. 29, 2007 646-307-4470

FILED