## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000060960

City-St-Zip:

FONTANA, CA 92336

Entity Name: PLANTS OF FDEN-WEST INC

FILED Jan 15, 2009 Secretary of State

| Littly Na                                   | IIIE. FLANIS  | OF EDEN-WEST, INC.             |   |  |  |
|---|---|--------------------------------|---|--|--|
| Current Principal Place of Business:        |   |                                | New Principal Place                         | New Principal Place of Business:             |  |
|   | ' 197TH AVE<br>EAD, FL 3303                             | 1 US                           |   |  |  |
| Current Mailing Address:                    |   |                                | New Mailing Address                         | New Mailing Address:                         |  |
| 24355 SW 197 AVENUE<br>HOMESTEAD, FL 33031  |   |                                |   | 1760 NW 17TH STREET<br>HOMESTEAD, FL 33030   |  |
| FEI Number                                  | : 65-0766698  | FEI Number Applied For ( )     | FEI Number Not Applicable ( )               | Certificate of Status Desired (X)            |  |
| Name and                                    | l Address of (  | Current Registered Agent:      | Name and Address o                          | Name and Address of New Registered Agent:    |  |
| HOMESTE<br>The above                        | ′ 197TH AVEN<br>EAD, FL 3303                            | 1 US                           | purpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATU                                     | RE:   |                                |   |  |  |
| Electronic Signature of Registered Agent    |   |                                | ent   | Date   |  |
| Election Car                                | mpaign Financin   | g Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:                     |   |                                | ADDITIONS/CHANGI                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | DP (<br>LEE, STEPHEN<br>1760 NW 17TH<br>HOMESTEAD,      | l ST                           | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | DST (<br>GERMAINE, PA<br>13155 IXORA (<br>MIAMI, FL 331 | CT #903                        | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:                 | DAST (<br>LEE, ANTHON'<br>7191 ELSA CT                  |                                | Title:<br>Name:<br>Address:                 | () Change () Addition                        |  |

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: STEPHEN M LEE PD 01/15/2009