


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90213 012 ***150.00

| | |
|--|---|
| DOCUMENT # P97000081456 1. Entity Name NATURES GREEN TECHNOLOGIES, INC. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 360 FAIRWAY CIRCLE WESTON, FL 33326 | Mailing Address 360 FAIRWAY CIRCLE WESTON, FL 33326 |
|---|---|

14009938

% F 5 3 , , , , 4 - 0 1 2 F &

DO NOT WRITE IN THIS SPACE

04262004 No Chg-P CR2E034 (10/03)

| | |
|--|-------------------------------|
| 4. FEI Number 65-0792498 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| |
|---|
| 6. Name and Address of Current Registered Agent <i>Conniff</i> CONNIFF, STEPHEN W 360 FAIRWAY CIRCLE WESTON, FL 33326 |
|---|

| |
|-----------------------------------|
| DO NOT WRITE 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CONNIFF, STEPHEN W 360 FAIRWAY CIRCLE WESTON, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD CONNIFF, JO P 360 FAIRWAY CIRCLE WESTON, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| |
|-----------------------------------|
| DO NOT WRITE IN THIS SPACE |
|-----------------------------------|

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Stephen W Conniff* *Stephen W Conniff PD* 4/26/04 954-389-843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayTime Phone #