2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000108096

Entity Name: AGROTURF FARMS INC.

WARD, TIMOTHY B

TAMPA, FL 33606

1801 RICHARDSON PLACE

Name:

Address:

City-St-Zip:

FILED Apr 21, 2005 Secretary of State

That Marie Marie Inc.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2910 W. BAY TO BAY BLVD. SUITE 300 TAMPA, FL 33629			3520 HWY. 579 S. WIMAUMA, FL 33598		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2910 W. BAY TO BAY BLVD. SUITE 300 TAMPA, FL 33629			P.O. BOX 329 WIMAUMA, FL 33598		
FEI Number:	59-3551692	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
WARD, DAVID E JR. 2910 W. BAY TO BAY BLVD. SUITE 300 TAMPA, FL 33629 US			WARD, DAVID E JR. P.O. BOX 329 WIMAUMA, FL 33598	US	
	named entity of Florida.	submits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:			04/21/2005	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Can	npaign Financi	ng Trust Fund Contribution ().			
OFFICERS	S AND DIRE	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (WARD, DAVID 1925 BAYSHO TAMPA, FL 3	DRE BLVD	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WARD, NELL) Delete N PLACE #402-B 3629	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:			Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title:	ASAT () Delete	Title: () Change () Addition	

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

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID E. WARD, JR. PD 04/21/2005