2011 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

DOCUMENT# P99000020516

Entity Name: FLORIDA NATIVES NURSERY, INC.

FILED Mar 25, 2011 Secretary of State

Date

| Current Principal Place of Business: | | New Principal Place of Business: | |
|--|--------------------------|---|-----------------------------------|
| 4115 NATIVE GARDEN PLANT CITY, FL 33565 | | | |
| Current Mailing Address: | | New Mailing Address: | |
| 4115 NATIVE GARDEN PLANT CITY, FL 33565 | | | |
| FEI Number: 59-3561539 | 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: | |
| MERADITH, REGINA M 4115 NATIVE GARDEN PLANT CITY, FL 33565 | | | |

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

New Principal Place of Business:

OFFICERS AND DIRECTORS:

in the State of Florida.

Title:

SIGNATURE:

MILAM, LAURIE R Name: 4115 NATIVE GARDEN DR Address: City-St-Zip: PLANT CITY, FL 33565

Title:

CAPPARELLI, BRIAN Name: Address: 4115 NATIVE GARDEN DR City-St-Zip: PLANT CITY, FL 33565

I hereby 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 all other like empowered.

SIGNATURE: LAURIE MILAM **PRES** 03/25/2011