2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# P99000073108

Entity Name: LIONS NURSERY CO.

Current Principal Place of Business:

12431 ANTILLE DR.
BOCA RATON, FL 33428

New Principal Place of Business:

6560 PARK LANE W
LAKE WORTH, FL 33467

Current Mailing Address:

12431 ANTILLE DR.
BOCA RATON, FL 33428

New Mailing Address:

6560 PARK LANE W
LAKE WORTH, FL 33467

FEI Number: 65-0941288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABEZAS, NANCY
15431 ANTILLE DR
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

SCHWARTZ, DEREK
2385 EXECUTIVE CENTER DR
190
BOCA RATON, FL 33431 US

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.

SIGNATURE: DEREK SCHWARTZ 01/05/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CABEZAS, CHRISTOPHER
Address: 6560 PARK LN W
City-St-Zip: LAKE WORTH, FL 33467

Title: S ( ) Delete
Name: CABEZAS, NANCY
Address: 12431 ANTILLE DRIVE
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change ( ) Addition
Name: CABEZAS, NANCY PRES
Address: 12431 ANTILLE DR
City-St-Zip: BOCA RATON, FL 33428

Title: SEC (X) Change ( ) Addition
Name: CABEZAS, NANCY SEC
Address: 12431 ANTILLE DRIVE
City-St-Zip: BOCA RATON, FL 33428

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

SIGNATURE: NANCY CABEZAS PR 01/05/2007
Electronic Signature of Signing Officer or Director Date