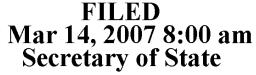
2007 FOR PROFIT CORPORATION

ANNUAL REPORT ' ...



1. Entity Name GREEN THUMB LANDSCAPE, INC.								03-14-2007 9	0042 03	5 ***15 0).00
Principal Place of Business				ailing Address	•	\neg					
14464 S.W. 293RD TERRACE Leisure City, FL 33033			1	14464 S.W. 293RD TERRACE LEISURE CITY, FL 33033							
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02282007	Chg-P	CR2E0	34 (12/06)	
City & State				City & State			4. FEI Number Applied For 65-1097614 Not Applicable				
Zip	Country			Zip Coun		ntry	5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
6. Name and Address of Current			Current Regis	tered Agent		7. Name and Address of New Registered Agent					
					·	Name					
RAMOS, PEDRO 14464 S.W. 293RD TERRACE LEISURE CITY, FL 33033						Street Addres	s (P.O. Box Numb	er is Not Acceptable)		
ELISONE OF 1, 1 E 33033											
						City			FL	Zip Coo	de .
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_	Signature, typed	or printed name of regis	stered agent and little	if applicable. (NO)	E: Registere	d Ageni signature requi	ired when reinstating)		DATE		
FIL	E NOW!!!	FEE IS \$150	.00	9. Election Campa			55.00 May Be				
After Ma	ay 1, 200	7 Fee will be	\$550.00	Trust Fund Con	tribution.	□ A	dded to Fees				
10.		OFFICE	RS AND DIREC	CTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	IS IN 11
TITLE	P			☐ Delete	TITU	I .				☐ Change	☐ Addition
NAME Street address	14464 S V		DACE		NAM	ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
TITLE		··· <u>',,</u>		☐ Delete	TITLE					☐ Change	Addition
NAME					NAM	E					
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
TITLE NAME				☐ Delete	TITLE	II				☐ Change	☐ Addition
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CITY-ST-ZIP					ĊITY	-ST-ZIP					
ÎITLE	-			☐ Delete	TITLE					☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP					
TITLE	<u> </u>		-	☐ Delete	TITLE						<u> </u>
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CiTY-ST-ZIP					CITY	-ST-ZIP					
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NAME STREET ADDRESS					NAM	- 1					
CITY-ST-ZIP						ET ADDRESS - ST-ZIP					ļ
12. I hereby o	certify that the	information supp	olied with this fi	ling does not qualify for	or the eve	emptions contain	ed in Chapter 119	9. Florida Statutes. I	further certi	fy that the i	nformation
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.											