

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102273

FILED
Mar 30, 2009
Secretary of State

Entity Name: GREEN THUMB LANDSCAPE, INC.

Current Principal Place of Business:

14464 S.W. 293RD TERRACE
LEISURE CITY, FL 33033

New Principal Place of Business:

14464 SW 293RD TERRACE
LEISURE CITY, FL 33033 US

Current Mailing Address:

14464 S.W. 293RD TERRACE
LEISURE CITY, FL 33033

New Mailing Address:

14464 SW 293RD TERRACE
LEISURE CITY, FL 33033 US

FEI Number: 65-1097614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, PEDRO
14464 S.W. 293RD TERRACE
LEISURE CITY, FL 33033 US

Name and Address of New Registered Agent:

RAMOS, PEDRO
14464 SW 293RD TERRACE
LEISURE CITY, FL 33033 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: PEDRO RAMOS

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAMOS, PEDRO
Address: 14464 S.W. 293RD TERRACE
City-St-Zip: LEISURE CITY, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAMOS, PEDRO
Address: 14464 SW 293RD TERRACE
City-St-Zip: LEISURE CITY, FL 33033 US

I hereby certify that the information supplied with this filing does not qualify 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: PEDRO RAMOS

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date