


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S53842</b> 1. Entity Name URDL'S WATER GARDENING CENTER, INC.	
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Principal Place of Business 20 NORTH CONGRESS AVENUE DELRAY BEACH, FL 33445	Mailing Address 20 NORTH CONGRESS AVENUE DELRAY BEACH, FL 33445
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**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0268234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGGS, MARCIA A.  
20 NORTH CONGRESS AVENUE  
DELRAY BEACH, FL 33445

**DO NOT WRITE  
IN THIS SPACE**

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 X (NOTE: Registered Agent signature required when reinstating) DATE 1/24/07

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000654264 03/13/07-80055-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCIA ANN HIGGS 1110 SW 2ND ST BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HIGGS, BRIAN K. 1110 SW 2ND ST BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIGGS, TERRELL K 1425 NW 2ND AVE DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIGGS, TYLER 1110 SW 2ND STREET BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: Marcia Ann Higgs DATE 1/24/07 DAYTIME PHONE # 561-276-9017