

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V44325**

1. Entity Name  
**THE GROWING EXPERIENCE, INC.**



Principal Place of Business  
**1913 NW 18 ST.  
SUITE 2  
POMPANO BCH., FL 33069**

Mailing Address  
**1913 NW 18 ST.  
SUITE 2  
POMPANO BCH., FL 33069**

**DO NOT WRITE IN THIS SPACE**



08222006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0339581**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HOWELL, JAMES V  
1913 NW 18 ST.  
SUITE 2  
POMPANO BEACH, FL 33069**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
HOWELL, JAMES V  
8632 NW 14 ST  
CORAL SPRINGS, FL 33071**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

000000575421  
08/29/06-80001-011 550.00

**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:** James V. Howell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/06  
Date

(954) 960-0822  
Daytime Phone #