

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V66931

FILED
Mar 09, 2009
Secretary of State

Entity Name: BUDDING ROSE OF SHARON INC.

Current Principal Place of Business:

4400 SW 48TH AVE
PALM CITY, FL 34990 US

New Principal Place of Business:

4404 SW CITRUS BLVD
PALM CITY, FL 34990 US

Current Mailing Address:

4400 SW 48TH AVE
PALM CITY, FL 34990 US

New Mailing Address:

4404 SW CITRUS BLVD
PALM CITY, FL 34990 US

FEI Number: 65-0359575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KROGEN, KIM
4400 SW 48TH AVE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

KROGEN, KIM
4404 SW CITRUS BLVD.
PALM CITY, FL 34990 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: _____

03/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KROGEN, KIM,
Address: 4400 SW 48TH AVE
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: KROGEN, ZECHARIAH
Address: 4400 SW 48TH AVE
City-St-Zip: PALM CITY, FL 34990

Title: V () Delete
Name: KROGEN, LUKE J
Address: 4400 SW 48TH AVE
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: KROGEN, DAVID
Address: 4400 SW 48TH AVE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KROGEN, KIM,
Address: 4404 SW CITRUS BLVD.
City-St-Zip: PALM CITY, FL 34990

Title: T (X) Change () Addition
Name: KROGEN, ZECHARIAH
Address: 4404 SW CITRUS BLVD.
City-St-Zip: PALM CITY, FL 34990

Title: V (X) Change () Addition
Name: KROGEN, LUKE J
Address: 4404 SW CITRUS BLVD.
City-St-Zip: PALM CITY, FL 34990

Title: S (X) Change () Addition
Name: KROGEN, DAVID
Address: 4404 SW CITRUS BLVD.
City-St-Zip: PALM CITY, FL 34990

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: KIM KROGEN

P

03/09/2009

Electronic Signature of Signing Officer or Director

Date