

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V66931

FILED  
Jul 27, 2011  
Secretary of State

**Entity Name:** BUDDING ROSE OF SHARON INC.

**Current Principal Place of Business:**

4404 SW CITRUS BLVD  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

4404 SW CITRUS BLVD  
PALM CITY, FL 34990 US

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KIM KROGEN

P

07/27/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date