FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION FIVED Washington, D.C. 20549

FORM D

OMB APPROVAL QMB Number: Expires: April 30,2008 Estimated average burden bougs per response.....16.00

SEC USE ONLY DATE RECEIVED

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION DOS SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering ( check if this is an ame Plant World international, Inc.	ndment and name has obsinged, and indicate change.)	
	Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
	A, BASIC IDENTIFICATION DATA	·
1. Enter the information requested about the i	SSUCT	05060005
Name of Issuer ( check if this is an amendr	nest and name has changed, and indicate change.)	
Plan: World International, Inc.		
Address of Executive Offices  10 Forest Dr.	(Number and Street, City, State, Zip Code) Forest Hill, LA 71430	Telephone Number (Including Area Code) 318-748-6094
Address of Principal Business Operations (if different from Execusive Offices) Same	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business Plant Nursey		
<del> </del>	mited partnership, already formed Other (	please specify): PROCESSED
Actual or Estimated Date of Incorporation or Or Jurisdiction of Incorporation or Organization: (	Month Yesr ganization: 0 2 0	mated JUL 0 8 2005
GENERAL INSTRUCTIONS		FINANCIAL
Federal: Who Must File: All issuers making an offering of	securities in reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

774(6).

Wash To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the surfier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five 151 copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments used only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee,

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION .

Failure to tile notice in the appropriate states will not result in a loss of the faderal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the tiling of a tederal notice.

SEC 1972 (6-02)

Persons who respond to the collection of Information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9



		A BASIC	IDENTIFICATION DA	<b>iv</b>	
2. Enter the information re	quested for the fol	lowing:			
<ul> <li>Each promoter of !</li> </ul>	he issuer, if the is:	ner has been organize	d within the past five ye	ars;	
Each beneficial own	nerhaving the pow	er to vote or dispose, of	r direct the vote or dispos	ition of, 10% or more o	f a class of equity securities of the issuer
					partnership issuers; and
		f partnership issuers.		• •	
4 Data Seneral Tild II	umagnis harmer c	the thermany results.			
Check Box(es) that Apply:	Promoter	Beneficial Own	er 🛮 Executive Off	icer [] Director	General and/or Managing Partner
Full Name (Last name first, i George Johnson	f individual)	***			
Business or Residence Addre 10 Forest Dr, Fo	ss (Number and rest Hill, LA 71		Code)		
Check Box(es) that Apply:	Promoter	Beneficial Own	er 🔲 Executive Of	ficer Director	General and/or Managing Pattnet
Full Name (Last name first, i Wesely Bradford	f individual)				
Rusiness or Residence Addre	ss (Number and	Street, City, State Zir	o Code)		
	orest Hill, LA 7	-	- ~~ <b>~~</b> /		
Check Box(es) that Apply:	Promoter	Beneficial Own	acr 🛮 Executive Of	ficer Director	General and/or Managing Partner
Full Name (Last name first, i Deborah Johnson	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zij	p Code)		
10 Forest Dr.	Forest Hill,	LA 71430			
Check Box(cs) that Apply:	Promoter	Beneficial Own	er 🔲 Executive Of	ficer Director	General and/or Managing Partner
Full Name (Last name first,	findividual)		<del></del>	•	
Business or Residence Addre	ess (Number and	Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Own	ner Executive Of	ficer Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Businuss or Residence Addre	ess (Number and	Street, City, State, Zi	p Code)		
Check Box(cs) that Apply:	Promoter	Beneficial Owr	ncr 📋 Executive Of	ficer Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Adda	sse (Number and	Street, City, State. Zi	p Code)		
Check Box(es) that Apply;	Promoter	Beneficial Own	net Executive Of	ficer Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zi	p Code)		
	(Use bi	ank sheet, or copy and	use additional copies of	this sheet, as necessar	y)

· *	y with				B. 11	TORMATI	ON ABOU	t offerç	۱6 🔭		100		
						.,						Yes	No
1.	Has the	issuer sold	l, or does th								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	K	
		1				Appendix,		-				s 100	00.
2.	What is	the minim	um investm	ent that w	ill be acce	pted from a	uh inginig	uai?	.w,f8*7914890.811	***************	113832133133131475		
<i>3</i> .	Does th	e offering	permit joini	ownershi	p of a sing	le unit?				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*************	Yes	No 🔲
4.	Enter th	e informat	ion request	ed for eac	h person w	ho has bee	n or will b	e paid or s	given, dire	etly or ind	rectly, any	,	
	lf a pers	on to be lis s, list the na	ilar remune ted is an ass ame of the b you may se	ocisted pe roker er de	rson or age calor. If mo	ent of a brok ore than five	er or deale (5) persor	r registered is to be list	l with the S ed are asso	EC and/or	with a state	:	
	II Name ( ONE	Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	umber and	Street, C	ity, State, Z	ip Code)						
Na	me of As	sociated Br	oker or De	aier									
Sta	ites in W	ich Persor	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All State:	s" or check	individual	States)		************		**********	**************		X AI	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
	IL	IN	IA	KS	KY	I.A	ME	MD	MA	MI	MN	MS	MO
	MT	NE	MY	NH	NI	NM	NY	NC	ND	ОН	<u>ok</u>	OR	PA
	RI	SC	SD	TN	TX	UT	VT	V.A	WA.	WV	WI	WY	PR
Fu	li Name (	Last name	first, if ind	(vidual)			<u> </u>						
Bu	siness of	Residence	Address (?	Vumber an	d Street, C	lity, State, l	Zip Code)						
Na	me of As	sociated B	roker or De	aler					, , , , , , , , , , , , , , , , , , , ,			·	
Sta	ites in W	hich Person	Listed Ha	Solicited	or Intends	to Solicit	Purchasers	,					
	(Check	"All State	s" or check	individua	l States)	. + 84 8 7 7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		*******************			*************	[] Al	l States
	AL	AK	A2	AR	CA	CO	CT	DE	DC	FL	GA	HI	10
			IA	KS	KY	[LA]	ME	MD	MA	MI	MN	MS	MO
	MI RI	NE SC	NV SD	MH	N)	MM III	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA.
77.		·· •••		N.						W.Y.			[18]
I. II	n ryame (	Lasi name	first, if ind	(v)Guai)									
Bu	siness o	Residence	: Address (1	Number ar	d Street, C	lity, State,	Zip Code)						
Nε	and of As	sociated B	roker or De	aler							T 100		
Sta	ntes in W	hich Person	n Listed Ha	Solicited	or Intende	to Solicit	Purchasers						
	(Check	"All State	s" or check	individua	l States)			•••••••		-75 1 145 + 1 65 + + + + + + + + +		□ Al	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ <u>1</u> ]
	II		IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
		NE SC			<u>תא</u>	NM UT	NY VT	NC VA	ND WA	OH WV	OK.	OR.	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS: EXPENSES AND USE OF PROCEEDS,

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this bux			
	Type of Security	Aggregate Offering Price	ŧ.	Amount Already So c
	Debt	\$		S
		S 1,000,000.0	30	s 1,000.00
	Common Preferred		_	
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests		_	\$
	Other (Specify)			\$
	Total	s 1,000,000.	00	\$ 1,000.00
	Answer also in Appendix, Column 3, if filing under ULOE,			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	•		Aggregate
		Number Investors		Onliar Amount of Purchases
	Accredited Investors			\$
	Non-accredited Investors			s 1,000.00
	Total (for filings under Rule 504 only)			\$ 1,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.			•	
	Type of Offering	Type of Security		Dollar Ameunt Sold
	Rule 505			S
	Regulation A			\$
	Rule 504			\$ 1,000.00
	Total			<u>\$ 1,000.00</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		Z	\$ 1,000.00
	Printing and Engraving Costs			\$ 300.00
	Logal Fees			g 2,000.00
	Accounting Fees		Z	\$ 1,500.00
	Engineering Fees			\$ 0.00
	Sales Commissions (specify finders' fees separately)			\$ 0.00
	Other Expenses (identify)			\$ 3,000.00
	Total			s 7,800,00
			لجك	

	and total expenses furnished in response to Part	e offering price given in response to Part C — Question I t C — Question 4.a. This difference is the "adjusted gros	3	\$992,200.00
5.	each of the purposes shown. If the amount	oss proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and otal of the payments listed must equal the adjusted gross of Part C — Question 4.h above.	<del>1</del>	
		•	Payments to Officers,	
			Directors, &	Payments to Others
	Salaries and fees		300,000,00	S 200,000.00
		77(4111141)	<del></del>	\$
	Purchase, rental or leasing and installation of	of machinery	 .□\$	\$ 200,000.00
		nd facilities		
	Acquisition of other businesses (including t			
	offering that may be used in exchange for the		<b> ∑</b> \$ 72,200.00	
		MARINE HELDER HE	_	
	Ropayment of indebtedness		s	
	Working capital			
	Other (specify):	□ \$	<u>\$</u>	
			<b>□\$</b>	□\$
	Column Totals			
	Total Payments Listed (column totals added	J)	. □ S <u>-99</u>	2,200.00
		D. FEDERAL SIGNATURE		
sig	pature constitutes an undertaking by the issue	by the undersigned duly authorized person. If this notice to furnish to the U.S. Securities and Exchange Common-accredited investor pursuant to paragraph (b)(2) of	ission, upon writte	
	oer (Print or Ty <del>pe</del> )	Signiture (	Date	
İss	ant World International, Inc.	flearen from	6/21/2005	
	and to an or man or man, they		·	<del></del>
Pi	une of Signer (Print or Type)	Title of Signer (Print or Type)		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	Is any party described in 17 CFR 230,262 presently subject to any of the disqualification provisions of such rule?	Yes	No R
	See Appendix, Column 5, for state response.		
2.	The undersigned issues hereby undertakes to furnish to any state administrator of any state in which this notice is to D (17 CFR 239,500) at such times as required by state law.	filed a ne	otice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informatissuer to offerees.	tion furr	nished by the
<b>3</b> ,	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer classified this exemption has the burden of establishing that these conditions have been satisfied.		
	per has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behathorized person.	ılf by the	undersigned
Issuer (	Print or Type) Signature Date		
Plant W	fortid international, inc. 6/21/2005		

President

## Instruction:

Name (Print or Type)
George Johnson

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or primed signatures.

数以				4.7	PENDIX							
	Intend to sell to non-accredited investors in State (Part B-(tem 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State				4  Type of investor and		Disquair under Sta (if yes, explana waiver (Part E-	fication te ULOE attach tion of granted)
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited			Yes	No			
AL												
AK						<u></u>						
AZ												
AR												
CA												
со												
CT'						Mark to the state of the state						
DE				<u></u>								
DC	1000 F N 400											
FL												
GA												
HI												
ID									and the same of the same of the			
IL												
IN												
<u>IA</u>	×	12	саттог			3	\$1,000.00		×			
KS												
KY												
LA												
ME			7 1									
MD												
MA												
MI			1									
MN									The state of the s			
MS												

## APPENDIX 3 3 4 Disqualification under State ULOE Type of security Intend to sell (if yes, attach and aggregate to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waive granted) (Part C-Item 1) (Part B-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Investors Yes Νo State Amount Amount MOMT NE NVNH NJ NM NY NCNDOН OK OR PA RI SC SD TN TXUT VTVA WA WVwı

			ı	APP	ENDIX		7. 7. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.		
1	Intend to non-a investor	to sell ceredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	amount		Type of investor and amount purchased in State (Part C-Item 2)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									