2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2005
Secretary of State

DOCUMENT# N00000005504

Entity Name: DAYTONA BEACH BUTTERFLY CONSERVATORY AND EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

1224 S. PENINSULA DRIVE #207
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

1224 S. PENINSULA DRIVE #207
DAYTONA BEACH, FL 32118

New Mailing Address:

111 N, ST. ANDREWS DRIVE
ORMOND BEACH, FL 32174

FEI Number: 59-3676516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KUNDID, MICHAEL A
444 SEABREEZE BOULEVARD
SUITE 800
DAYTONA BEACH, FL 32118 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: D ( ) Delete
Name: KUNDID, MICHAEL A ESQ.
Address: 444 SEABREEZE BOULEVARD #800
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete
Name: REED, GAULDEN
Address: 1224 S. PENINSULA DRIVE #207
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete
Name: RUTH BON FLEUR,
Address: 5750 SWEETWATER BOULEVARD
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: CUNNINGHAM, JAMES
Address: 4923 SAILFISH DR
City-St-Zip: POCE INLET, FL 32127

Title: D ( ) Delete
Name: GREINER, GLENN
Address: 2423 ORIOLE LANE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D ( ) Delete
Name: PEMBROKE, WILLIAM G C.P.A.
Address: 1922 SE PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN P. GREINER D 09/13/2005

Electronic Signature of Signing Officer or Director — Date