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Secretary of State

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DOCUMENT # N08622						Secretary of State	
1. Entity Name HEATHCOTE BOTANICAL GARDENS, INC.						03-24-2006 90024 031 ****61.25	
Principal Place of Business 210 SAVANNAH RD FORT PIERCE FL 34982				Mailing Address 210 SAVANNAH RD FORT PIERCE FL 34982			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent NEW ADDRESS FOWLER, MICHAEL D. 311 S. 2ND ST. STE 200 FORT PIERCE FL 34950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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				DATE			
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when registering)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DT MOORE, GLORIA 3315 N. INDIAN RIVER DR. FT. PIERCE FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DP ADAMS, CRIS 420 S. E. NARANJA AVE. PORT SAINT LUCIE FL 34983		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DVP LINLEY, PAT 6501 SANTA ROSA PARKWAY FORT PIERCE FL 34951		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: Gloria H. Moore Treasurer 3/13/06 772-464-4672