2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jun 10, 2006
Secretary of State

DOCUMENT# P95000048795

Entity Name: GENEVA'S WILDFLOWER, INC.

Current Principal Place of Business:

P.O. BOX 1004
ENGLEWOOD, FL 34223

New Principal Place of Business:

1818 WHISPERING PINES CIRCLE
ENGLEWOOD, FL 34223

Current Mailing Address:

P.O. BOX 1004
ENGLEWOOD, FL 34223

New Mailing Address:

1818 WHISPERING PINES CIRCLE
ENGLEWOOD, FL 34223

FEI Number: 65-0591401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IZZO, JOHN P
180 NO. INDIANA AVENUE, SUITE 5
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

IZZO, JOHN P
773 INDIANA AVE. S.
ENGLEWOOD, FL 34223 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: JOHN P. IZZO 06/10/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANDERSON, JAMES L
Address: 1818 WHISPERING PINES CIR.
City-St-Zip: ENGLEWOOD, FL 34223

Title: VPD ( ) Delete
Name: ANDERSON, CHRIS A
Address: 1818 WHISPERING PINES CIR
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: ANDERSON, CRIS A
Address: 1818 WHISPERING PINES CIR
City-St-Zip: ENGLEWOOD, FL 34223

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES L. ANDERSON PD 06/10/2006
Electronic Signature of Signing Officer or Director Date