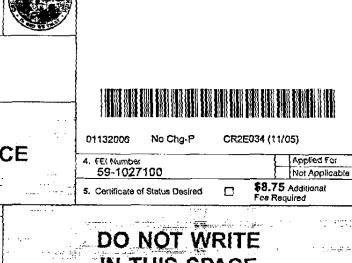
2006 FOR PROFIT CORPOR ANNUAL REPORT

DOCUMENT # 266170 THE ORCHID GARDEN, INC. Principal Place of Business Matting Address 275 CHAMPNEY B 275 CHAMPNEY BAY CT. NAPLES, FL 34102 NAPLES, FL 3410. DO NOT WRITE IN THIS ___ACE 6. Name and Address of Current Registered Agent FARACE, RICHARD G 275 CHAMPNEY BAY CT. NAPLES, FL 34102-7952 8. The above named entity submits this statement for the purpose of changing the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable 9. Election Care FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund C 10. OFFICERS AND DIRECTORS TITLE FARACE, RICHARD G NAME STREET ADDRESS 275 CHAMPNEY BAY CT. CITY-ST-ZIP NAPLES, FL TITLE FARACE, RICHARD EDWARD NAME STREET AUDRESS 6547 SW 116 PLACE UNIT A CITY-ST-DP MIAMI, FL STD TITLE FARACE, HELEN V NAME STREET ADDRESS 275 CHAMPNEY BAY CT. CITY-ST-ZIP NAPLES, FL TITLE WALKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED Feb 27, 2006 08:00 AM Secretary of State



IN THIS SPACE

stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

Stered Agent signature required when reinstating) DATE ### U00000443876 03/03/06-80068-024 150.00 \$5.00 May 6e Added to Fees DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this fitting does not qualify indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowere exemptions contained in Chapter 119, Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an officer or director guired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

ARACE