2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F45717

FILED Apr 06, 2009 Secretary of State

Entity Name: BUTTERFLY'S ARE FREE NURSERY INC.

Current P	rincipal Place	of Business:	New Principal	Place of Business:
	CHETTE ROA LM BEACH, FL			
Current N	lailing Addres	s:	New Mailing A	ddress:
	CHETTE ROA LM BEACH, FL			
FEI Number	: 59-2124230	FEI Number Applied For()	FEI Number Not Applicable	() Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Add	ress of New Registered Agent:
WEST PA	CHETTE ROA LM BEACH, FL e named entity :	. 33415 US	ourpose of changing its req	gistered office or registered agent, or both,
SIGNATLI				
SIGNATU	RE:	iic Signature of Registered Age	ent	Date
	RE: Electror	ic Signature of Registered Ago g Trust Fund Contribution().	ent	Date
Election Ca	RE: Electror	g Trust Fund Contribution ().		Date IANGES TO OFFICERS AND DIRECTORS
Election Ca	RE: Electror mpaign Financing S AND DIREC	Trust Fund Contribution (). TORS: Delete H L TE ROAD		
Election Cal OFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	RE: Electron mpaign Financing S AND DIREC VD () HENRY, SARAH 1281 RANCHE WEST PALM B	TORS: Delete H L TTE ROAD EACH, FL Delete A ISRAEL TTE ROAD	ADDITIONS/CH Title: Name: Address:	IANGES TO OFFICERS AND DIRECTORS
Election Car OFFICER Title: Name: Address:	Electron Financing S AND DIREC VD () HENRY, SARAH 1281 RANCHE WEST PALM B PD () HENRY, ELONG 1281 RANCHE W PALM BEAC	TORS: Delete 1 L TE ROAD EACH, FL Delete A ISRAEL TE ROAD H, FL 0, Delete HAROLD TE RD	ADDITIONS/CH Title: Name: Address: City-St-Zip: Title: Name: Address:	IANGES TO OFFICERS AND DIRECTORS () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: ELONA ISRAEL HENRY PD 04/06/2009