

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003537

FILED
Apr 22, 2005
Secretary of State

Entity Name: PLANTATION MEDICINALS, INC.

Current Principal Place of Business:

1401 COUNTY RD 830
FELDA, FL 33930 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 128
FELDA, FL 33930 US

New Mailing Address:

FEI Number: 65-0421097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUFFMAN, EVA
1401 COUNTY ROAD 830
FELDA, FL 33930 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: HUFFMAN, MICHAEL
Address: 1401 COUNTY ROAD 830
City-St-Zip: FELDA, FL 33930

Title: ST () Delete
Name: HUFFMAN, EVA
Address: 1401 COUNTY ROAD 830
City-St-Zip: FELDA, FL 33930

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVA F. HUFFMAN

ST

04/22/2005

Electronic Signature of Signing Officer or Director

_____ Date