2005 FOR PROFIT CORPORATION

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

ANNOAL REPORT				, Feb 21, 2005 08:00 A			
DOCU	MENȚ # H33058	4		Sec	retary	of State	
1. Entity Name POTANICAL SYSTEMS, INC.			10			J	
BOTANIC	CALSTOTEING, INC.						
Principal Plac	e of Business	Mailing Address		1			
4924 S.W. 1ST CT. P.O. BOX 101357			ļ				
CAPE CORAL, FL 33910 CAPE CORAL, FL 33910							
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Mark (1 till)							
				02162005 No Chg-P CR2E034 (10/03)			
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number			Applied For
				59-2470	266		Not Applicable
			armanan muse	5. Certificate of	Status Desired	□ \$8. Fee	75 Additional Required
	S. Name and Address of Current F	egistered Agent				ar en minor	
MARKHAM, WAYNE S.				- no	W TON	RITE	pada A Cordelan Pada A Cordelan
4924 S.W.	. 1ST. CT. RAL, FL 33914			00,000,000,000,000,000			
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a. The above	named entity submits this statement for	the purpose of changing its register	ed office or registe	red agent, or both	, in the State of Flo	rida. I am famil	iar with, and accept
the obligat	tions of registered agent.						
SIGNATURE					<u> </u>		
	Signature, typed or printed name of regulated agent st	nd trie if applicable. (NOTE: Register)	ed Agent eignesure require	d when re-nstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	Election Campaign Fina Trust Fund Contribution.		LOO May Be fed to Fess			
10.	OFFICERS AND D	DIRECTORS					
TILLE	PTS				02/21/15		117 120 00
NAME STREET ADDRESS	MARKHAM, WAYNE S. 4924 S.W. 18T CT.						en ere er
CMY-ST-ZIP	CAPE CORAL, FL 33914						
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NAME						Manakari	il tyrologikunkialai
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TITLE	†						
NAME STREET ADDRESS	}						

12. I hereby certify that the information supplied with this filing does not qualify 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 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachanget with an address, with all other like empowered.

5. wayne SIGNATURE: VV ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR