

## 04-28-2006 90151 031 \*\*\*150.00

66020403

1. Name of the person or organization	2. Address	3. City	4. State	5. Zip	6. Telephone	7. Fax	8. E-mail	9. Website	10. Other contact information
11. Name of the person or organization	12. Address	13. City	14. State	15. Zip	16. Telephone	17. Fax	18. E-mail	19. Website	20. Other contact information
21. Name of the person or organization	22. Address	23. City	24. State	25. Zip	26. Telephone	27. Fax	28. E-mail	29. Website	30. Other contact information
31. Name of the person or organization	32. Address	33. City	34. State	35. Zip	36. Telephone	37. Fax	38. E-mail	39. Website	40. Other contact information
41. Name of the person or organization	42. Address	43. City	44. State	45. Zip	46. Telephone	47. Fax	48. E-mail	49. Website	50. Other contact information
51. Name of the person or organization	52. Address	53. City	54. State	55. Zip	56. Telephone	57. Fax	58. E-mail	59. Website	60. Other contact information
61. Name of the person or organization	62. Address	63. City	64. State	65. Zip	66. Telephone	67. Fax	68. E-mail	69. Website	70. Other contact information
71. Name of the person or organization	72. Address	73. City	74. State	75. Zip	76. Telephone	77. Fax	78. E-mail	79. Website	80. Other contact information
81. Name of the person or organization	82. Address	83. City	84. State	85. Zip	86. Telephone	87. Fax	88. E-mail	89. Website	90. Other contact information
91. Name of the person or organization	92. Address	93. City	94. State	95. Zip	96. Telephone	97. Fax	98. E-mail	99. Website	100. Other contact information

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Statute; and that my name appears in Block 10 or Block 11 is changed, or on an attachment with an address, with all other like empowered.



ATTACHMENT  
66020403

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 2, 2006

GRANDVIEW BOTANICALS, INC.  
34720 PROSPECT RD  
DADE CITY, FL 33525 US

Subject: **GRANDVIEW BOTANICALS, INC.**

Reference Number: **H46587**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MS  
ANNUAL REPORTS SECTION

*I hope this is what you want  
if not please tell me what I need  
to do to satisfy you*  
*George Lince*  
*President*

P.O. BOX 6327 - Tallahassee, Florida 32314