

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J65652

FILED
Apr 28, 2008
Secretary of State

Entity Name: FLORIDA BUTTERFLY FARM, INC.

Current Principal Place of Business:

C/O WILLIAM COLEMAN, ESQ
200 E LAS OLAS #1900
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM COLEMAN, ESQ
200 E LAS OLAS #1900
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0035912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, WILLIAM T ESQ
200 E LAS OLAS STE 1900
FORT LAUDERDALE, FL 33301 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: PST () Delete
Name: FARRELL, CLIVE P.,
Address: RYEWATER NURSERY
City-St-Zip: FOLKE NR. SHERBOURNE,

Title: D () Delete
Name: FARRELL, CLIVE P.,
Address: RYEWATER NURSERY
City-St-Zip: FOLKE NR. SHERBOURNE,

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 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: WILLIAM T COLEMAN

ATTY

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date