

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

|                                                                       |                                                                                   |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # M16760</b><br>1. Entity Name<br>CARTER BOTANICALS, INC. |  |
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| Principal Place of Business<br>14470 SMITH SUNDY RD<br>DELRAY BCH., FL 33446 US | Mailing Address<br>14470 SMITH SUNDY RD<br>DELRAY BCH., FL 33446 US |
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04022004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number<br>59-2547151 | Applied For<br>Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                         |
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| 6. Name and Address of Current Registered Agent<br><br>MORRIS, GARY<br>14470 SMITH SUNDY ROAD<br>DELRAY BEACH, FL 33446 |
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                                     |                                                                                                                           |                                           |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | 000000106039<br>04/07/04-80050-016 150.00 |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>MORRIS, GARY<br>14470 SMITH SUNDY RD<br>DELRAY BEACH, FL 33446     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>MORRIS, VICTOR<br>14470 SMITH SUNDY RD<br>DELRAY BCH., FL 33446    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AT<br>CHUNG, JAYSON<br>14470 SMITH SUNDY RD<br>DELRAY BCH., FL 33446     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>SEOW, LLOYD<br>14470 SMITH SUNDY ROAD<br>DELRAY BEACH, FL 33446    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>VAUGHN, MORRIS<br>14470 SMITH SUNDY ROAD<br>DELRAY BCH, FL 33446   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>MORRIS, GLORIA<br>14470 SMITH SUNDY ROAD<br>DELRAY BEACH, FL 33446 |

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| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** GARY MORRIS - GARY MORRIS 3/31/04 561 499-0330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #