2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006
Secretary of State

DOCUMENT# N03000008091

Entity Name: AUNT DONNA'S BUTTERFLY GARDEN, INC.

Current Principal Place of Business:

14050 BLACKJACK RD.
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

14050 BLACKJACK RD.
DOVER, FL 33527

New Mailing Address:

FEI Number: 05-0586146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ASHLEY, DONNA G
14050 BLACKJACK RD.
DOVER, FL 33527 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ASHLEY, DONNA G
Address: 14050 BLACKJACK RD.
City-St-Zip: DOVER, FL 33527

Title: CD ( ) Delete
Name: LUTZ, CURT
Address: 16217 PEBBLEBROOK DR.
City-St-Zip: TAMPA, FL 33624

Title: SD ( ) Delete
Name: JIROVEC, D'ANN
Address: P. O. BOX 5073
City-St-Zip: LAKELAND, FL 33807

Title: TD ( ) Delete
Name: ANDERSON, KRESTIN
Address: 812 KINGSWAY ROAD SOUTH
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete
Name: LUMPTON, RALPH
Address: P. O. BOX 16768
City-St-Zip: TEMPLE TERRACE, FL 33687

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: ANDERSON, KRESTIN
Address: 812 KINGSWAY ROAD SOUTH
City-St-Zip: SEFFNER, FL 33584

Title: TRE. (X) Change ( ) Addition
Name: ANDERSON, KRESTIN
Address: 812 KINGSWAY ROAD SOUTH
City-St-Zip: SEFFNER, FL 33584

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

SIGNATURE: DONNA G. ASHLEY PD 05/09/2006
Electronic Signature of Signing Officer or Director — Date