

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000650

Entity Name: LAVENDER MAGIC, INC.

FILED  
Apr 20, 2006  
Secretary of State

## Current Principal Place of Business:

PO BOX 5932  
GAINESVILLE, FL 32627

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 5932  
GAINESVILLE, FL 32627

## New Mailing Address:

FEI Number: 59-3224797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BALDINELLI, SHARON  
4226 SW 67TH TERRACE  
GAINESVILLE, FL 32608 US

## Name and Address of New Registered Agent:

BALDINELLI, SHARON  
2912 NW 50TH TERR  
GAINESVILLE, FL 32606 US

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: SHARON BALDINELLI

04/20/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: LAMME, LINDA  
Address: 10254 SW 55TH LN  
City-St-Zip: GAINESVILLE, FL 32608

Title: TD ( ) Delete  
Name: BETHART, SALLY  
Address: 5467 SE 35TH LOOP  
City-St-Zip: OCALA, FL 34471

Title: VD ( ) Delete  
Name: PARSONS, JUDY  
Address: PO BOX 5912  
City-St-Zip: GAINESVILLE, FL 32627

Title: PD ( ) Delete  
Name: BALDINELLI, SHARON  
Address: P.O BOX 2482  
City-St-Zip: GAINESVILLE, FL 32601

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: SALLY BETHART

TD

04/20/2006

Electronic Signature of Signing Officer or Director

Date