2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007
Secretary of State

DOCUMENT# N94000000650

Entity Name: LAVENDER MAGIC, INC.

Current Principal Place of Business:

2912 NW 50 TERRACE
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

2912 NW 50 TERRACE
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3224797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

BALDINELLI, SHARON
2912 NW 50TH TERR
GAINESVILLE, FL 32606 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: 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 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 M BETHART TD 05/23/2007

Electronic Signature of Signing Officer or Director — Date