2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 02, 2006 8:00 am Secretary of State DOCUMENT # N95000004516 1. Entity Name 05-02-2006 90215 021 ****70.00 UNBELIEVABLE ACRES BOTANIC GARDENS, INC. Mailing Address Principal Place of Business 470 63RD TRAIL NORTH WEST PALM BEACH FL 33413 470 63RD TRAIL NORTH WEST PALM BEACH FL 33413 2. Principal Place of Business 3. Mailing Address 470 63 14 mil North Suite, Apt. #, etc. 470 63 7 Tray / North Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For 4. FEI Number 65-0759367 West Palm Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOYNER, EUGENE A Street Address (P.O. Box Number is Not Acceptable) 470 63RD TRAIL NORTH WEST PALM BEACH FL 33413 Zip Code 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 Signature, typed or ponted name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State and the state of OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE JOYNER, EUGENE A NAME 470 63RD TRAIL NORTH STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33413 CUTY - ST - ZIP CITY-ST-7IP D /- CECreTARY PFENNINGER, PAUL ☐ Change TITLE Delete TITLE ■ Addition NAME NAME 4085 FLORAL DRIVE STREET ADDRESS STREET WEST PALM BEACH FL 33436 CUTY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME 1401 mendowbrook Drive ODRESS STREET ADDRESS STREET CITY-ST-7IP West Pala Back Fl CUM-ST-ZIP Director McPariel, Charles ☐ Delete Change ☐ Addition TITLE TITLE NAME 1880 Commbola Road STREET ADDRESS STREET ADDRESS Lake Clark Shores Fl CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CJTY-ST-26 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE UTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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. Eugene Joynes 4/19/06 (561)242-1686 **SIGNATURE**