

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2005
Secretary of State**

DOCUMENT# N98000002802

Entity Name: WINDERMERE BOTANICAL GARDEN, INC.

Current Principal Place of Business:

8815 CONROY WINDERMERE RD.
#130
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

8815 CONROY WINDERMERE RD.
#130
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 59-3511108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZZOUZ, KEVIN H
8815 CONROY WINDERMERE RD.
130
ORLANDO, FL 32835 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: D () Delete
Name: AZZOUZ, KEVIN H
Address: 12326 PARK AVENUE
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: AZZOUZ, SABRINA M
Address: 12326 PARK AVENUE
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: BARBER, THADDEUS M
Address: 12253 PARK AVENUE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AZZOUZ, KEVIN H
Address: 8815 CONROY WINDERMERE ROAD SUITE 130
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Change () Addition
Name: AZZOUZ, SABRINA M
Address: 8815 CONROY WINDERMERE ROAD, SUITE 130
City-St-Zip: ORLANDO, FL 32835

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 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 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: KEVIN H AZZZOUZ

D

04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date