2006 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Feb 20, 2006 08:00 AN DOCUMENT #-P96000067094 **Secretary of State** VIDLER'S FLOWERING TREE PLANTATION, INC. Principal Place of Business Mailing Address 6860 ST, ROUTE 471 1418 SACKETT CIRCLE BUSHWELL, FL 33513 ORLANDO, FL 32818 02132006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3660584 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VIDLEN, ROBERT J DO NOT WRITE 1418 SACKETT CIRCLE ORLANDO, FL 32818 IN THIS SPACE 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD nn F NAME VIDLER, ROBERT J STREET ADDRESS 1418 SACKETT CIRCLE CITY-ST-ZIP ORLANDO, FL 32818 TITLE NAME STREET ADDRESS CITY-ST-ZIP TiTi E NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 607, 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.

SIGNATURE:

ITTLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Sabert Widler
HIGHATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-06

371-229-2850

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