


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 27, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P00000102345</b> 1. Entity Name ROYAL BOTANICALS, INC.		
Principal Place of Business 25125 S W 192ND AVENUE HOMESTEAD, FL 33031		Mailing Address 25125 S W 192ND AVENUE HOMESTEAD, FL 33031
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CHANG, DAVID A 25125 S W 192ND AVENUE HOMESTEAD, FL 33031		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHANG, DAVID A 25125 S W 192ND AVENUE HOMESTEAD, FL 33031	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HEW, JENNIFER S 25125 S W 192ND AVENUE HOMESTEAD, FL 33031	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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: <u>David A. Chang</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID A. CHANG		1/24/06 (305) 242-8928 Date Daytime Phone #



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1058560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

100000403432  
02/06/06-80005-029 150.00