## 2006 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Mar 13, 2006 08:00 AM DOCUMENT # P01000005382 **Secretary of State** CRYSTAL RIVER ORCHID SUPPLIES, INC. Principal Place of Business Mailing Address 9525 WOEDARSTREET 9525 WOEDARSTREET CRISTAL FIVER PL 34428 ORNSTAL FIVER FL 34428 03092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3699937 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SLOAN, MARIE D DO NOT WRITE 9525 W. CEDAR STREET CRYSTAL RIVER, FL 34428 IN THIS SPACE 3. 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. (FICTE: Registered Agent signature required when reinstalling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOVALL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE SLOAN, MARIE D NAME STREET ADDRESS 9525 W. CEDAR STREET CITY-ST-ZIP CRYSTAL RIVER, FL 34428 1100000463822 3 (10) 03/21/06-80090-021 150.nn NAME STREET ADDRESS CHY-ST-ZIP T133.F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 it 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

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

MARIE D. Sloan

06 352-564-283,