2005 FOR PROFIT CORPORATION

Feb 23, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P01000027459** 02-23-2005 90054 031 ***150.00 1. Entity Name CAMELOT BOTANICAL, INC. Principal Place of Business Mailing Address **18600 SW 240TH STREET** 18600 SW 240TH STREET HOMESTEAD, FL 33031 HOMESTEAD, FL 33031 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1092167 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent E.H.G. RESIDENT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 5100 TOWN CENTER CIRCLE SUTIE 330 BOCA RATON, FL 33486 City 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 printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete TITLE Change Addition LEE, STEPHEN NAME NAME STREET ADDRESS 18600 SW 240TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD, FL 33031 ☐ Detete TITLE ☐ Change TITLE ☐ Addition LEE, LAURIE-ANN NAME STREET ADDRESS 18600 SW 240TH STREET STREET ADDRESS HOMESTEAD, FL 33031 CITY-ST-7IP CiTY-ST-7IP TITLE ☐ Detete TITLE ☐ Change Addition Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY_ST_7/P

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

TITLE

NAMÉ

STREET ADDRESS

CITY - ST- ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #

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Addition

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