


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000003203</b>	
1. Entity Name DAVID BEAUDRIE BOTANICALS, INC.	

Principal Place of Business C/O DAVID BEAUDRIE 2753 STATE ROAD 580, SUITE 208 SAFETY HARBOR, FL 34695	Mailing Address C/O DAVID BEAUDRIE 12820 KILLARNEY CT. ODESSA, FL 33556
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**DO NOT WRITE IN THIS SPACE**



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0536127	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BEAUDRIE, DAVID  
12820 KILLARNEY CT.  
ODESSA, FL 33556

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUDRIE, DAVID 12820 KILLARNEY CT. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUDRIE, DAVID 2753 STATE RD. 580, SUITE 208 CLEARWATER, FL 34621
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**DO NOT WRITE  
IN THIS SPACE**

U00000702275  
04/20/07-80089-023 150.00

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 links empowered.

SIGNATURE: \*  \* 4/7/07 \* 727-725 7535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \*