2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025101

FILED Feb 07, 2004 Secretary of State

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|--|---------------------------------------|----------------------------------|---|--|
| Entity Name: THE OF | RCHID PEDDLER, INC. | | | |
| • | · · · · · · · · · · · · · · · · · · · | | | |
| Current Principal Place of Business: | | New Principal Place of Business: | | |
| 3351 N FEDERAL HWY | | | | |
| DELRAY BEACH, FL 3 | 3483 | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 3351 N FEDERAL HW\ DELRAY BEACH, FL 3 | | | | |
| FEI Number: 61-1462995 | FEI Number Applied For() | FEI Number Not App | licable () Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and | Name and Address of New Registered Agent: | |
| FOWLER, VICTOR 3351 N FEDERAL HWY DELRAY BEACH, FL 3 | | | | |
| The above named entity in the State of Florida. | / submits this statement for the | purpose of changing i | its registered office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Ager | | ent | Date | |
| Election Campaign Financi | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRE | CTORS: | ADDITION | IS/CHANGES TO OFFICERS AND DIRECTOR | |
| Title: (|) Delete | Title: | PRES () Change (X) Addition | |
| Name: | | Name: | FOWLER, VICTOR H | |
| Address: | | Address: | 11 TROPICAL DRIVE | |
| City-St-Zip: | | City-St-Zip: | OCEAN RIDGE, FL 33435 | |
| Title: (|) Delete | Title: | VP () Change (X) Addition | |
| Name: | | Name: | FOWLER, SUSAN S | |
| Address: | | Address: | 11 TROPICAL DRIVE | |
| City-St-Zip: | | City-St-Zip: | OCEAN RIDGE, FL 33435 | |
| Title: (|) Delete | Title: | SECR () Change (X) Addition | |
| Name: | • | Name: | FOWLER, SUSAN S | |
| Address: | | Address: | 11 TROPICAL DRIVE | |
| City-St-Zip: | | City-St-Zip: | OCEAN RIDGE, FL 33435 | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN S. FOWLER SEC 02/07/2004