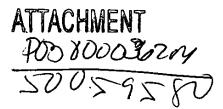
## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Aug 03, 2005 8:00 am Secretary of State 08-03-2005 90061 021 \*\*\*150.00

1. Entity Nam	MENT # P03000036 AL BUTTERFLY, INC.		08-03-2005 90061 021 ***150.00				
Principal Place	e of Business	Mailing Address					
9 SUTTON CT		PO BOX 353015			200	EOEQ	n.
PALM COAST, FL 32164 PALM COAST, FL 32135						5958	
		0.11:15					
2. Principal Pi	lace of Business	3. Mailing Address PD	Box	1 1021/1201 1/1 04/106 1/1/1 40/13 1	11:11	A HALIL BALII ALIA	! B B B B B B B B B B B B B B B B B B B
Sone_Apt.		Suite, Apt. #, etc.	201	06202005 Chg-P	CR2E03	4 (10/03)	
Situal State	100 N 003017	City Choice D. 4	20,10	4. FEI Number			plied For
City & State	Tradition Coast	Holes CA	ast7L	02-0683962			t Applicable
Zip /	Course	Zinn 25 C	ountry 1 0	5. Certificate of Status Des		8.75 Add	
27	176 1171	DV1,05	NOH			ee Required	<u> </u>
	6. Name and Address of Current I	legistered Agent	Name	7. Name and Address of	New Hegistered A	jent	
PELEJO, F			-	(DO D. M. 15 15 No. 4-1-1			
9 SUTTON	I CT. ( AST. FL 32135	Street Address	(P.O. Box Number is Not Acce	eplable)		ļ	
PALINI COA	451, FL 32133						
			City		FL	Zip Code	9
	named entity submits this statement for				· · · · · · · · · · · · · · · · · · ·	- ilia suith	And connet
the obligate	ions of registered agent.	no title if applicable. (NOTE Regi	Stered Agent signature require	et men reinstating)	DAIE		
	37			]			
	LE NOW!!! FEE IS \$550.00 ue by September 7, 2005	Election Campaign F     Trust Fund Contributi		5.00 May Be Ided to Fees			
10.	OFFICERS AND		11.	ADDITIONS/CHANGES T	O OFFICERS AND	<del></del>	
NAME:	PRES'		TITLE			Change	Addition
STREET ADDRESS	PO BOX 353015		STREET ADDRESS				
CHY-ST-ZIP	PALM COAST, FL 32135		CITY+S1-ZIP				
TITLE	SEC.	☐ Delete	TITLE			Change	Addition
NAME	PELEJO, PURITA P		NAME				
STREET ADDRESS	PO BOX 353015		STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP	PALM COAST, FL 32135		TITLE			☐ Change	Addition
TITLE NAME			NAME			onenge	
STREET ADDRESS			STREET ADDRESS				
CHY-S1-21P -	<u> </u>		CITY-SI-ZIP			_ <del>_</del>	
TITLE		_ ********	HILE			☐ Change	☐ Addition
NAME			NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-SI-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME			- •	_
STREET ADDRESS			STREET ADDRESS				
CITY-SI-ZIP			CITY-ST-ZIP	L			
THILE		Delete	THLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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 Sta	itutes. I further cert	ify that the i	nformation
indicated	d on this report or supplemental report is reporation or the receiver or trustee empore	true and accurate and that my si	onatura shali hava th	e same legal effect as it made.	under oath: that ↓ a	m an officer	or director 1



PO Box 353015 Palm Coast, FI 32135 July 28, 2005

Florida Department of State Division of Corporations PO Box 6327, Tallahassee, F; 32314

Attention: Ms. Kathy Ashton

Dear sirs:

RE: Letter # 905A00042079

I just came back from an overseas trip on 7/26/05 and found your abovementioned letter.

I wish to inform you that I sent in the annual report and the bank sent in the check under our online auto payment. Obviously they were note together.

In view of the above I am resending the check and another report under the same cover. Hereby at the same time asking for a waiver of the \$400 late fee you are assessing as we did not know that the report and check should be sent under the same cover. Please consider our circumstance for the waiver this time. We will send them together in the future.

Wefiled on time!

Thanking your kind consideration of the matter, I am

Very sincerely yours,

Celestial Butter