2007 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # P03000135788** 1. Entity Name NORMAN MERKEL ROYAL ORCHIDS, INC. Principal Place of Business Mailing Address 8231 COCONUT BLVD WEST PALM BEACH, FL 33412 DO NOT WRITE 6. Name and Address of Curren MERKEL, NORMAN

FILED May 01, 2007 08:00 AM Secretary of State

231 COCOI EST PALM		3231 COCONUT BLVD Vest Palm Beach, Fl. 33412	2	1 (PB 114 0) (1 40/88 Mili 84 M 40 M 2	NA COTE ON OUR LE		
DO NOT WRITE IN THIS SPACE					04242007 No Chg-P CR2E034 (11/05) 4. FEI Number			
6. Name and Address of Current Registered Agent IERKEL, NORMAN 231 COCONUT BLVD /EST PALM BEACH, FL 33412				DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for the pions of registered agent. Signature, typed or printed name of registered agent and title		d Agent signature re	quired when reinstating)	th, in the State of Flo	rida. I am f	amiliar with, and accept	
FILE NOWIL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS			~ —	\$5.00 May Be Added to Fees		·····		
LE ME TADDRESS Y-ST-ZIP LE ME TADDRESS	D MERKEL, NORMAN 8231 COCONUT BLVD WEST PALM BEACH, FL 33412				NOT W			
EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS					U00000	750070		

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 like empowered.

SIGNATURE:

8231 COCONUT BLVD

SIGNATURE.

10.

TITLE NAME

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

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

WEST PALM BEACH, FL 33412

8. The above named entity submits this statement the obligations of registered agent.