


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State


04-27-2005 90309 024 ***150.00

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| DOCUMENT # P04000059124 |  |
| 1. Entity Name PEACE OF EDEN, INC. | |

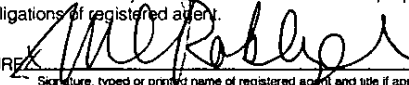
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| Principal Place of Business 11151 66TH ST SUITE 402 LARGO, FL 33773 | Mailing Address 11151 66TH ST SUITE 402 LARGO, FL 33773 |
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| 2. Principal Place of Business 6335 Haines Rd N | 3. Mailing Address 6335 Haines Rd N |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State St. Petersburg FL | City & State St. Petersburg FL |
| Zip 33702 | Zip 33702 |
| Country | Country |

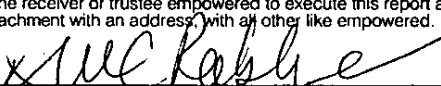
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| 04142005 Chg-P | CR2E034 (10/03) |
| 4. FEI Number 20-1014198 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ROBLIER, MARY C 11151 66TH ST SUITE 402 LARGO, FL 33773 | |
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| 7. Name and Address of New Registered Agent Name Roblier, Mary C Street Address (P.O. Box Number is Not Acceptable) 5503 67th Ave Apt. 16 City Pinellas Park FL Zip Code 33781 | |
| 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBLIER, MARY C 11151 66TH ST SUITE 402 LARGO, FL 33773 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Roblier Mary C 5503 67th Ave Apt. 16 Pinellas Park FL 33781 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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. | |
| SIGNATURE:  | DATE _____ Daytime Phone # _____ |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |