## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000094496

Entity Name: BOTANICAL ARTISTRY, INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
P.O. BOX VENICE, F					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O. BOX VENICE, F					
FEI Number	: 80-0112679	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
VANWAG 917 CIRCI VENICE, F		S			
	e named entity e of Florida.	submits this statement for the p	urpose of changing its registe	red office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( WINGATE, LEI P.O. BOX 1652 VENICE, FL 3	2	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( VANWAGNER, 917 CIRCLE D VENICE, FL 3	RIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: Citv-St-Zip:	ST ( WINGATE, AM P.O. BOX 1652 VENICE, FL 3	2	Title: Name: Address: Citv-St-Zip:	( ) Change ( ) Addition	

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: LEE WINGATE D 04/30/2005