

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094496

Entity Name: BOTANICAL ARTISTRY, INC.

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 1652
VENICE, FL 34284

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1652
VENICE, FL 34284

New Mailing Address:

FEI Number: 80-0112679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANWAGNER, JAMES
917 CIRCLE DRIVE
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WINGATE, LEE
Address: P.O. BOX 1652
City-St-Zip: VENICE, FL 34284

Title: VP () Delete
Name: VANWAGNER, JAMES
Address: 917 CIRCLE DRIVE
City-St-Zip: VENICE, FL 34285

Title: ST () Delete
Name: WINGATE, AMY
Address: P.O. BOX 1652
City-St-Zip: VENICE, FL 34284

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/30/2006

Electronic Signature of Signing Officer or Director

_____ Date