2005 FOR PROFIT CORPORATION

SIGNATURE:

FILED Apr 13, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P04000168504 IRIS FLOWER ALF, INC. Principal Place of Business Mailing Address 1900 WIREGRASS CT. 2712 GRAY FOX LANE ORLANDO, FL 32826 ORLANDO, FL 32826 CR2E034 (10/03) No Chg-P 01072005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-0102298 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTINEZ, IRIS DO NOT WRITE 1900 WIREGRASS CT. ORLANDO, FL 32826 IN THIS SPACE 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, typed or printed name of registered agent and title it applicable. (NOTE. Registered Agent signature required when reinstating) U00000301184 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 04/13/05-80021-015 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MARTINEZ, IRIS NAME 1900 WIREGRASS CT. STREET AUDRESS CITY-ST-ZIP ORLANDO, FL 32826 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TISLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS 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)(1). Florida Statutes, I turther 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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR