


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # P93000068310 1. Entity Name WHIMSY ORCHIDS, INC.		
Principal Place of Business 18755 SW 248 ST HOMESTEAD, FL 33031 US		Mailing Address P O BOX 924304 HOMESTEAD, FL 33095-4304 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent O'HARE, RICHARD J ATTORNEY AND COUNSELOR 1550 MADRUGA AVE, SUITE 120 CORAL GABLES, FL 33146		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-filing)</small> _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PETERS, WILLIAM A II 18755 SW 248 ST HOMESTEAD, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PETERS, CAROL SCHIFF 18755 S W 248 ST HOMESTEAD, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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: <u>William A. Peters II</u> WILLIAM A. PETERS II, PRESIDENT <u>24 APR 06</u> (305) 242-1333 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0450186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/08/06-80065-019 150.00

**DO NOT WRITE
IN THIS SPACE**