

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000088202

Entity Name: BOTANICS WHOLESale, INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

31701 SW 194TH AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

31701 SW 194TH AVE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 65-0457294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BORKSON, ELLIOT P PA
1313 SOUTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33316 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: MILLER, JACK W
Address: 31701 SW 194TH AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: OPPENHEIMER, CHRISTOPHER E
Address: 31701 SW 194TH AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: CONNELLY, JOHN
Address: 31701 SW 194TH AVE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MILLER, JACK W
Address: 31701 SW 194TH AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: VP (X) Change () Addition
Name: OPPENHEIMER, CHRISTOPHER E
Address: 31701 SW 194TH AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: SEC (X) Change () Addition
Name: CONNELLY, JOHN
Address: 31701 SW 194TH AVE
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER E OPPENHEIMER

VP

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date