## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2005 08:00 AM Secretary of State

DOCUMENT # P9400017858  1. Entity Name PEACH TREE INTERNATIONAL INC.			Secretary of Stat
Principal Place of Business 415 GREENE ST. KEY WEST, FL 33040	Mailing Address 415 GREENE ST. KEY WEST, FL 33040	!	
	RITE IN THIS SPA	CE	04232005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For Not Applicable  5. Certificate of Status Desired Sa.75 Additional Fee Required
GIDWANI, RESHAM '1901 S. ROOSEVELT BLVD. KEY WEST, FL 33040			DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed of printed name of registered agent and the reportable. (NOTE Registered Agent agent agent and the reportable)  DATE			
FILE NOW!!! FEE 18 \$15 After May 1, 2005 Fee will b	e \$55G.00 Trust Fund Contribution	ancing \$5	.00 May Be 1100000337544 04/27/05-80172-007 158.75
10. OFFICE  ITHE P NAME GIDWANI, RESHANA  STREET ADDRESS 415 GREEN ST CITY-S1-ZIP KEY WEST, FL 33040	CERS AND DIRECTORS	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes 1 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOME DOUBLE Phone #			