

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000081143		
1. Entity Name SOUTH AMERICAN FLOWER COLLECTION, INC.		

FILED

06 JUN -5 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05122006 Chg-P CR2E034 (11/05)

Principal Place of Business 16811 W CR 326 MORRISTON, FL 32668	Mailing Address 16811 W HWY 326 MORRISTON, FL 32668
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0699616	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOLAVER, THOMAS H 16811 W HWY. 326 MORRISTON, FL 32668	
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7. Name and Address of New Registered Agent Name: <u>MARY A. WOLAVER</u> Street Address (P.O. Box Number is Not Acceptable): <u>16811 W HWY 326</u> City: <u>MORRISTON</u> FL Zip Code: <u>32668</u>	
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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: <u>MARY A. WOLAVER, PRES. Thomas Wola</u> DATE: <u>5/12/06</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <u>200076158242</u> <u>06/13/06--01045--025 **61.25</u>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOLAVER, THOMAS H 16811 W. HWY. 326 MORRISTON, FL 32668 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARY WOLAVER 16811 W. HWY 326 MORRISTON, FL 32668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <u>MARY A. WOLAVER</u> <u>MARY A. WOLAVER</u> DATE: <u>5/14/06</u> DAYTIME PHONE #: <u>352-528-9931</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
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