2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 12, 2006 08:00 AM **DOCUMENT # P97000056778 Secretary of State** 1. Entity Name ORCHIDS ONLY, INC. Principal Place of Business Mailing Address 11313 SW 69 CT 11313 SW 69 COURT MIAMI, FL 33156 MIAMI, FL 33156 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied i 65-0764840 Not Age \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NEEDELL, JOAN R DO NOT WRITE 11313 SW 69 CT MIAMI, FL 33156 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 in the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVP TITLE NEEDELL, JOAN R STREET ADDRESS 11313 SW 69 CT CITY-ST-ZIP MIAMI, FL 33156 000000382824 01/12/06-80029-009 150.00 STD TITLE NAME NEEDELL, JOAN R STREET ADDRESS 11313 SW 69 CT CRY-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS

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 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 10 or

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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