## 2007 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** Apr 27, 2007 08:00 A Secretary of State-DOCUMENT # P97000104857 1. Entity Name WOODLANDS BOTANICALS, INC. Principal Place of Business Mailing Address 2512 NE 27TH ST 2512 NE 27TH ST LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064-8359 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0818560 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KING, DONALD R DO NOT WRITE 2512 NE 27TH ST LIGHTHOUSE POINT, FL 33064 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** Signature, typed or printed name of registered agent and title if explicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Added to Fees After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. ı, OFFICERS AND DIRECTORS 10. CEO TITLE NAME KING, DONALD R STREET ADDRESS 2572 NE 27 ST. CITY-ST-ZIP LIGHTHOUSE PT., FL 33064 i 000000736363 05/10/07-80073-013 150.00 TITLE KING, NANCY L NAME 2512 NE 27 ST. STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE, FL 33064

DO NOT WRITE IN THIS SPACE

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:

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TITLE NAME STREET ADDRESS

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

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

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NANCY L KING