

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000012779

FILED
May 01, 2005
Secretary of State

Entity Name: FLORACULTURE INVESTMENTS, INC.

Current Principal Place of Business:

1 GROVE ISLE
SUITE 1202
COCONUT GROVE, FL 33133 US

Current Mailing Address:

1 GROVE ISLE
SUITE 1202
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

1660 SOUTH BAYSHORE COURT
SUITE 301
COCONUT GROVE, FL 33133 US

New Mailing Address:

1660 SOUTH BAYSHORE COURT
SUITE 301
COCONUT GROVE, FL 33133 US

FEI Number: 65-0815623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, JAMES M
1 GROVE ISLE DRIVE
STE 1202
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

SCHMIDT, JAMES M
1660 SOUTH BAYSHORE COURT
SUITE 301
COCONUT GROVE, FL 33133 US

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: JAMES M. SCHMIDT

05/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SCHMIDT, JAMES
Address: 1 GROVE ISLE DRIVE #1202
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: SARANDERS, ANTHONY
Address: 2120 SW 55TH ST. ROAD
City-St-Zip: OCALA, FL 344745432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: SCHMIDT, JAMES
Address: 1660 SOUTH BAYSHORE COURT # 301
City-St-Zip: COCONUT GROVE, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES M. SCHMIDT

PRES

05/01/2005

Electronic Signature of Signing Officer or Director

Date