


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 26, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P99000024231 |  |
| 1. Entity Name GARDENIA HOLDING CORPORATION | |

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| Principal Place of Business C/O 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480 | Mailing Address C/O 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480 |
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DO NOT WRITE IN THIS SPACE



08192004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0903860 | Applied For <input type="checkbox"/> Not Applicable |
| 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 HANLON, M. TIMOTHY 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480 |
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relinquishing)</small> | DATE _____ |

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| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000170924 08/26/04-80003-006 550.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KROCK, PHYLLIS C/O 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480 |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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: <i>Phyllis Krock</i> | <i>8/20/04</i> | <i>561-377-1935</i> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |