2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000036463

1. Entity Name
IRIS AND BUTTERFLIES, INC.

Principal Place of Business	Mailing Address
207 CIR PRK DR SEBRING, FL 33870	207 CIR PRK DR SEBRING, FL 33870

DO NOT WRITE IN THIS SPACE

03122007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0908505		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIMER, KATHLEEN A
3790 ENCHANTED OAKS LANE
SEBRING, FL 33875

DO NOT WRITE 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 applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	080000685296 04/06/07-80067-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	RIMER, JAMES M
STREET ADDRESS	3790 ENCHANTED OAKS LN
CITY-ST-ZIP	SEBERING, FL 33875
TITLE	P
NAME	RIMER, KATHLEEN A
STREET ADDRESS	3790 ENCHANTED OAKS LN
CITY-ST-ZIP	SEBERING, FL 33875
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ JAMES RIMER 3-28-07 863-402-8271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #