

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036510

Entity Name: BOTANICAL VISIONS, INC.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

4651 N DIXIE HIGHWAY
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

4651 N DIXIE HIGHWAY
BOCA RATON, FL 33431

New Mailing Address:

4651 N DIXIE HIGHWAY
BOCA RATON, FL 33431 US

FEI Number: 65-0959043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFF, CLIFFORD A ESQ.
1401 E BROWARD BLVD STE 305
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

WOLFF, CLIFFORD A ESQ.
1401 E BROWARD BLVD STE 204
FORT LAUDERDALE, FL 33301 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:

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REEVE, WILLIAM H
Address: 441 NE 46TH ST
City-St-Zip: BOCA RATON, FL 33431

Title: VP () Delete
Name: RIDDLE, ALBERT
Address: 4420 SPRING BLOSSOM DR.
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REEVE, WILLIAM H IV
Address: 441 NE 46TH ST
City-St-Zip: BOCA RATON, FL 33431

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM H REEVE, IV

P

04/25/2008

Electronic Signature of Signing Officer or Director

Date