2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2005 08:00 AM Secretary of State

| DOCL | IMENT | # P99000 | 0066699 |
|------|-------|----------|---------|

1. Entity Name

THE BUTTERFLY ART COMPANY, INC.



Principal Place of Business

Mailing Address

1800 N. ANDREWS AVE.

PO BOX 23446

SUITE 7G

FORT LAUDERDALE, FL 33311

FORT LAUDERDALE, FL 33307



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03) 01052005

4. FEI Number 65-0934048

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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TALBOT, TIMOTHY A 1800 N. ANDREWS AVE.

SUITE 7G

FORT LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the puions of registered agent. | rpose of changing its registered of | ffice or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept | | |
|--|--|---|--------------|--------------------------------|--|--|--|
| SIGNATURE_ | Signature, typed or printed name of registered agent and little if | applicable (NOTE Registered Ag | ent signatur | required when reinstalling) | ~ DATE | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | Election Campaign Financin Trust Fund Contribution. | g 🖂 | \$5.00 May Be Added to Fees | | | |
| 10, | OFFICERS AND DIRECT | TORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES TALBOT, TIMOTHY A PRES. 1800 N. ANDREWS AVE., SUITE 7G FORT LAUDERDALE, FL 33311 | | | | U00000175412 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SEC TALBOT, TIMOTHY A SEC. 1800 N. ANDREWS AVE., SUITE 7G FORT LAUDERDALE, FL 33311 | | | | U1/10/05-80047-017 150.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | | | DO | NOT WRITE | | |
| TITLE NAME STREET ADDRESS GITY+ST-ZIP | | | | IN ' | THIS SPACE | | |
| TITLE NAME SYREET ADDRESS CITY+ST+ZIP | | | | | • | | |
| ritle | | | | • | | | |

12. I hereby certify that the information supplied with this filling does not qualify 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 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. The like empowered.

SIGNATURE:

STREET ADDRESS CITY - ST- ZIP

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR