D-t t	Due no later than Jul 31, 2003 Annual Report Form	DATESON MEDICADES
Return to: SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	PATRICIA M EDWARDS
700 WEST JEFFERSON	ENCHANTED GARDEN SHOPPE, INC.	7041 BIRCH LN
PO BOX 83720	PATRICIA M EDWARDS	NAME A ID 00007
BOISE, ID 83720-0080	7041 BIRCH LN	NAMPA, ID 83687
		3. New Registered Agent Signature
NO FILING FEE IF	NAMPA, ID 83687	
RECEIVED BY DUE DATE	·	
4. Corporations: Enter N	Names and Business Addresses of President, Secre	etary and Directors.
Office held Name	Stroot or PO Address	City State Zip
Office neid Name	Stieer of F.O. Address	EX- NAMON IN 83687
SECRETARY WILL	laro Lowarias 16471 11 14 AUC 10 2	EX NAMON TO 8300
	16291 1174 AVE 1	N.Em NAMON ID 83657
PRES PATR	ICIA LOWARDS 1847	
PRES PATR	Names and Business Addresses of President, Secretary P.O. Address ARCO EDWARDS 16491 1174 AUC N. B. CLA EDWARDS 16491 1174 AUC I	
PRES PATR	ICIA DOWARDS 1641	
PRES PATE	ICIA DOWARDS 1641	
PRES PATIR	ICIA DOWARDS 1841	
PRES PATIR	ICIA LOWARDS 1641	
PRES PATIR	ICIA DOWARDS TOUT	
	6.	t .
5. Organized Under the Laws of:	6. Signature Linean Eder	ad Date 5/21/03
5. Organized Under the Laws of:	6. Signature Linean Eder	ad Date 5/21/03
5. Organized Under the Laws of:	6.	ad Date 5/21/03
5. Organized Under the Laws of:	6. Signature Lineur Educ Name Printed) LATRICIA TOMAKI	ad Date 5/21/03