


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H47898**  
 1. Entity Name  
**HEAVEN SCENT FLOWERS, INC.**



Principal Place of Business 27515 OLD 41 RD. P. O. BOX 1837 BONITA SPRINGS, FL 34133-1837 US	Mailing Address 27515 OLD 41 RD P O BOX 1837 BONITA SPRINGS, FL 34133-1837 US
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01292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2507933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 SIMS, J. REX  
 9797 ALHAMBRA LANE  
 BONITA SPRINGS, FL 34135-2387

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SIMS, J. REX 9797 ALHAMBRA LANE BONITA SPRINGS, FL 341352387
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SIMS, PEGGY 9797 ALHAMBRA LANE BONITA SPRINGS, FL 341352387
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SAYGER, SUZANNE 28125 MANGO DR. BONITA SPRINGS, FL 34133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/09/05-80054-007 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.02(3)(c), 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: Peggy J. Sims Secretary-Treasurer-Director 2/6/2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #