## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 26, 2007 8:00 am DOCUMENT # P04000008806 **Secretary of State** BLOSSOM ACQUISITIONS, INC. 01-26-2007 90029 020 \*\*\*150.00 Mailing Address Principal Place of Business 252 RAPSCALLION COURT 5100 TILGHMAN STREET SUITE 20 ORLANDO, FL 32828 ALLENTOWN, PA 18104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5944 S. Orzage Blosson Trai 72<u>00 A</u> Drive Windsor Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01042007 Chg-P Applied For 4. FEI Number City & State City & State PAAllen town ひて/2へむ 20-0593396 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 18106 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARDING, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 20 NORTH EOLA DRIVE ORLANDO, FL 32801 Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition Change TITLE ח ☐ Delete TITI F President BIGGERS, REBECCA NAME NAME Resecce C. Isingers STREET ADDRESS 252 RAPSCALLION COURT STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32828 CITY-ST-ZIP TX 79602-4854 TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: \(\structriangle

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