




2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90164 044 ***150.00

DOCUMENT # P04000008806			
1. Entity Name BLOSSOM ACQUISITIONS, INC.		Principal Place of Business 5944 S. ORANGE BLOSSOM TR ORLANDO, FL 32809-4606	
Mailing Address 7200 A WINDSOR DR ALLENTOWN, PA 18106		2. Principal Place of Business - No P.O. Box #	
3. Mailing Address 3002 Needles Dr.		Suite, Apt. #, etc.	
City & State Orlando FL		City & State	
Zip 32810		Country USA	
4. FEI Number 20-0593396		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARDING, ROBERT L 20 NORTH FOLA DRIVE ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name: Rebecca Biggers Street Address (P.O. Box Number is Not Acceptable) 3002 Needles Drive City: Orlando FL Zip Code: 32810	
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: 		Rebecca Biggers 4/30/08	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIGGERS, REBECCA 1910 SYCAMORE STREET ABILENE, TX 796024854	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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: 		Rebecca Biggers 4/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date Daytime Phone #	



04302008 Chg-P CR2E034 (12/06)

321-947-5111