

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008806

Entity Name: BLOSSOM ACQUISITIONS, INC.

FILED  
May 06, 2009  
Secretary of State

**Current Principal Place of Business:**

5944 S. ORANGE BLOSSOM TR  
ORLANDO, FL 328094606

**New Principal Place of Business:**

**Current Mailing Address:**

3002 NEEDLES DR  
ORLANDO, FL 32810

**New Mailing Address:**

FEI Number: 20-0593396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BIGGERS, REBECCA  
5944 S. ORANGE BLOSSOM TR  
ORLANDO, FL 328094606 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BIGGERS, REBECCA  
Address: 1910 SYCAMORE STREET  
City-St-Zip: ABILENE, TX 796024854

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: BIGGERS, REBECCA  
Address: 3002 NEEDLES DRIVE  
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA BIGGERS

PRES

05/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date