2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# P06000097814

Entity Name: ROOMS ABLOOM, INC.

Current Principal Place of Business:

844 WHITE EAGLE CIRCLE
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

3670 US HWY 1 SOUTH
SUITE 130
ST. AUGUSTINE, FL 32086

Current Mailing Address:

844 WHITE EAGLE CIRCLE
ST. AUGUSTINE, FL 32086

New Mailing Address:

844 WHITE EAGLE CR.
ST. AUGUSTINE, FL 32086

FEI Number: 20-5304790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUCCHIARO, JULIA R
844 WHITE EAGLE CIRCLE
ST. AUGUSTINE, FL 32086 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CUCCHIARO, JULIA R
Address: 844 WHITE EAGLE CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIA R. CUCCHIARO O 04/12/2007
Electronic Signature of Signing Officer or Director — Date