2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 278841

Entity Name: MINSHALL THE FLORIST INC

FILED Apr 28, 2006 Secretary of State

631 CENTRAL AVENUE 2920 CENTRAL AVENUE ST PETERSBURG, FL 33701 ST PETERSBURG, FL 33712

Current Mailing Address: New Mailing Address:

631 CENTRAL AVENUE 2920 CENTRAL AVENUE ST PETERSBURG, FL 33701 ST PETERSBURG, FL 33712

FEI Number: 59-1034024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LUCCIOLA, MARION M
631 CENTRAL AVE
ST PETERSBURG, FL 33701 US
LUCCIOLA, MARION M
2920 CENTRAL AVENUE
ST PETERSBURG, FL 33712 US

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: AMY LUCCIOLA LOVING 04/28/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Title: PT () Delete Title: PT (X) Change () Addition Name: LUCCIOLA,MARION M, Address: 631 CENTRAL AVE. Address: 4091 31 AVENUE NORTH City-St-Zip: ST PETERSBURG, FL City-St-Zip: ST PETERSBURG, FL

City-St-Zip: ST PETERSBURG, FL City-St-Zip: ST PETERSBURG, FL

 Title:
 SV
 () Delete
 Title:

 Name:
 LUCCIOLA,ALEXANDER,
 Name:

 Address:
 4091-31 AVENUE, NORTH
 Address:

 City-St-Zip:
 ST PETERSBURG, FL
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition Name: LUCCIOLA, MARION M, Name: LUCCIOLA, MARION M,

Address: 631 CENTRAL AVE. Address: 4091 31 AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL City-St-Zip: ST. PETERSBURG, FL

Title: D () Delete Title: () Change () Addition

 Name:
 LUCCIOLA, ÀLÉXANDER,
 Name:

 Address:
 4091 31ST AVE. NO.
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL
 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: AMY LUCCIOLA LOVING MGR 04/28/2006