2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 313597

Entity Name: OLD TOWN FLOWER SHOPS, INC.

FILED Sep 26, 2006 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
oarrent i interpar i tace of basi	11000.	i illioipai i lace di Da.	JIII ~ JJ.

1930 N. DIXIE (W. PALM BEACH, FL 33407)

P.O. BOX 527

PALM BEACH, FL 33480

Current Mailing Address: New Mailing Address:

P.O. BOX 527

PALM BEACH, FL 33480

FEI Number: 36-2606847 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:

ENDRIES, ALLAN J. ENDRIES, ALLAN J.

8448 LEGEND CLUB DR 7211 TRADITION COVE LANE

WEST PALM BEACH, FL 33412 US WEST PALM BEACH, FL 33412 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: ALLAN J ENDRIES 09/26/2006

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name:DAVENPORT, LEO C.Name:DAVENPORT, LEO C.Address:26 VIA AURELIAAddress:7211 TRADITION COVE LANECity-St-Zip:PALM BEACH, GACity-St-Zip:WEST PALM BEACH, FL 33412

Title: VD () Delete Title: VD (X) Change () Addition

Name: ENDRIES, ALLAN J. Name: ENDRIES, ALLAN J.
Address: 8448 LEGEND CLUB DR Address: 7211 TRADITION COVE LANE

City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: WEST PALM BEACH, FL 33412

Title: SD () Delete Title: () Change () Addition Name: JOHNS,TED A, Name:

 Name:
 JOHNS, TED A,
 Name:

 Address:
 515-30TH ST.
 Address:

 City-St-Zip:
 WEST PALM BEACH, 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: ALLAN J ENDRIES VD 09/26/2006