


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 447306 1. Entity Name THE FLOWER CORPORATION	
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Principal Place of Business C/O RENATO DESIDERIO 87 VIA MIZNER PALM BEACH, FL 33480	Mailing Address 515 N FLAGLER DR STE 1800 W PALM BEACH, FL 33401-4343 US
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0195294	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'CONNELL, BRIAN M 515 N FLAGLER DR STE 1800 W PALM BEACH, FL 33401

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000594862 01/23/07-80016-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SETTANNI, ADRIANA D %LA PARISIENNE, 80073 CAPRI, ITALY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'CONNELL, PHILLIP JR. 515 N FLAGLER DR W. PALM BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'CONNELL, BRIAN M. 515 N FLAGLER DR W. PALM BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SETTAMI, LUCIANA ILA PARISIENNE CAPRI ITALY, 80073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SETTAMI, FRANCESCA ILA PARISIENNE CAPRI ITALY, 80073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/18/07 361-832-5900 <small>Date Daytime Phone #</small>
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