

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 639330

FILED
Jan 29, 2006
Secretary of State

Entity Name: FLOWERS OF THE RAINBOW, INC.

Current Principal Place of Business:

557 S. YONGE ST.
ORMOND BCH., FL 32174

New Principal Place of Business:

Current Mailing Address:

557 S. YONGE ST.
ORMOND BCH., FL 32174

New Mailing Address:

FEI Number: 59-1944114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTHEY, CHARLES R SR
9 FOX RUN TRAIL
ORMOND BEACH, FL 32174 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: PD () Delete
Name: SAUVE, LORINDA N,
Address: 6 SHERWOOD DR
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VD () Delete
Name: SAUVE, CLOIDE R,
Address: 6 SHERWOOD DR
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: STD () Delete
Name: NORTHEY, ANN T,
Address: 9 FOX RUN TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LORINDA N SAUVE

PD

01/29/2006

Electronic Signature of Signing Officer or Director

Date