

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 639330

FILED  
Feb 17, 2007  
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:

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

## Current Mailing Address:

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

## New Mailing Address:

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

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 SAUVE

PD

02/17/2007

Electronic Signature of Signing Officer or Director

Date