2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005
Secretary of State

DOCUMENT# F03000004557

Entity Name: PROVIDE COMMERCE, INC.

Current Principal Place of Business:

5005 WATERIDGE VISTA DR., SECOND FLOOR
SAN DIEGO, CA 92121

New Principal Place of Business:

5005 WATERIDGE VISTA DRIVE
SAN DIEGO, CA 92121

Current Mailing Address:

5005 WATERIDGE VISTA DR., SECOND FLOOR
SAN DIEGO, CA 92121

New Mailing Address:

5005 WATERIDGE VISTA DRIVE
SAN DIEGO, CA 92121

FEI Number: 84-1450019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C ( ) Delete
Name: CITRON, JOEL
Address: 5005 WATERIDGE VISTA DR., SECOND FLOOR
City-St-Zip: SAN DIEGO, CA 92121

Title: D ( ) Delete
Name: MYERS, JAMES
Address: 5005 WATERIDGE VISTA DR., SECOND FLOOR
City-St-Zip: SAN DIEGO, CA 92121

Title: D ( ) Delete
Name: KENNEDY, JOSEPH II
Address: 5005 WATERIDGE VISTA DR., SECOND FLOOR
City-St-Zip: SAN DIEGO, CA 92121

Title: P ( ) Delete
Name: WYNPERLE, ABRAHAM
Address: 5005 WATERIDGE VISTA DR., SECOND FLOOR
City-St-Zip: SAN DIEGO, CA 92121

Title: VPT ( ) Delete
Name: BOSEN, REX
Address: 5005 WATERIDGE VISTA DR., SECOND FLOOR
City-St-Zip: SAN DIEGO, CA 92121

Title: D ( ) Delete
Name: LAFFER, ARTHUR
Address: 5005 WATERIDGE VISTA DR., SECOND FLOOR
City-St-Zip: SAN DIEGO, CA 92121

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:

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 Section 119.07(3)(i), 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: REX BOSEN VPT 03/29/2005

Electronic Signature of Signing Officer or Director Date