2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004557

Entity Name: PROVIDE COMMERCE, INC.

FILED Mar 16, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
5005 WATERIDGE VISTA DRIVE SAN DIEGO, CA 92121					
Current Mailing Address:			New Mailir	New Mailing Address:	
5005 WATERIDGE VISTA DRIVE SAN DIEGO, CA 92121					
FEI Number: 84-1450019 FEI Number Applied For () FEI N		El Number Not Appli	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:					
	Electronic	Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title:	STRAUSS, WILL 5005 WATERIDG SAN DIEGO, CA	SE VISTA DR	Title: Name: Address: City-St-Zip: Title:	CEOD (X) Change () Addition STRAUSS, WILLIAM 5005 WATERIDGE VISTA DR SAN DIEGO, CA 92121 VS (X) Change () Addition	
Name: Address: City-St-Zip:	BILSTAD, BLAKE 5005 WATERIDG SAN DIEGO, CA	: BE VISTA DR	Name: Address: City-St-Zip:	BILSTAD, BLAKE 5005 WATERIDGE VISTA DR SAN DIEGO, CA 92121	
Title: Name: Address: City-St-Zip:	MAFFEI, GREGO	CORP./12300 LIBERTY BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PCOO () E WIJNPERLE, AB 1650 S DIXIE HV BOCA RATON, F	VY STE 400	Title: Name: Address: City-St-Zip:	PCOO (X) Change () Addition WIJNPERLE, ABRAHAM 1351 NW 78TH AVENUE MIAMI, DADE COUNTY, FL 33126	
Title: Name: Address: City-St-Zip:	VT () EBOSEN, REX 5005 WATERIDG SAN DIEGO, CA		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ZEISSER, MICHA	CORP/12300 LIBERTY BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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: BLAKE BILSTAD VS 03/16/2009