


**FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90025 045 \*\*\*150.00

DOCUMENT # <b>F06000007453</b>	
1. Entity Name <b>MistyFlowers, Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

**40029430**

2. Principal Place of Business - No P.O. Box # <b>4820 Province Line Rd</b>	3. Mailing Address <b>4820 Province Line Rd</b>
Suite, Apt. #, etc. <b>Princeton, N.J 08540</b>	Suite, Apt. #, etc. <b>Princeton, N.J</b>
City & State	City & State

CR2E034B (5/07)

Zip <b>08540</b>	Country <b>USA</b>	Zip <b>08540</b>	Country <b>USA</b>
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4. FEI Number <b>51-0394007</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
<b>Mark A. Coel, Esq.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1900 Glades Road, Suite 350</b>	
City <b>Boca Raton</b>	FL Zip Code <b>33431</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$650.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp; Director Alan Caplan 8 Berkshire Court Manalapan, N.J 07726</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>George H. McLaughlin III Chairman Juan de Velasco 129 Director Quito, ECUADOR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>George H. McLaughlin</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>George H. McLaughlin II 4820 Province Line Rd Princeton, N.J 08540</b>   <b>Sec. Treas</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowerments.

SIGNATURE: **[Signature]** **2/12/08** **609-924-0609**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #