2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# F43800

Entity Name: EAU GALLIE FLORIST, INC.

Current Principal Place of Business:

C/O HUGH LINCOLN JOHNSTEN, JR.
1490 HIGHLAND AVENUE
MELBOURNE, FL 32935

New Principal Place of Business:

1490 HIGHLAND AVE.
MELBOURNE, FL 32935 US

Current Mailing Address:

C/O HUGH LINCOLN JOHNSTEN, JR.
1490 HIGHLAND AVENUE
MELBOURNE, FL 32935

New Mailing Address:

1490 HIGHLAND AVE.
MELBOURNE, FL 32935 US

FEI Number: 59-2134555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSTEN, HUGH LINCOLN JR.
1490 HIGHLAND AVENUE
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

JOHNSTEN, HUGH L
1490 HIGHLAND AVENUE
MELBOURNE, FL 32935 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: HUGH L. JOHNSTEN 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: JOHNSTEN, HUGH L JR
Address: 1490 HIGHLAND AVENUE
City-St-Zip: MELBOURNE, FL

Title: DSV ( ) Delete
Name: JOHNSTEN, ALEXIS F
Address: 1490 HIGHLAND AVENUE
City-St-Zip: MELBOURNE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: JOHNSTEN, HUGH L
Address: 1490 HIGHLAND AVENUE
City-St-Zip: MELBOURNE, FL 32935 US

Title: DSV (X) Change ( ) Addition
Name: JOHNSTEN, ALEXIS F
Address: 1490 HIGHLAND AVENUE
City-St-Zip: MELBOURNE, FL 32935 US

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: HUGH L. JOHNSTEN, JR. DP 04/30/2009
Electronic Signature of Signing Officer or Director Date