2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003307

Entity Name: FLORISTS' TRANSWORLD DELIVERY, INC.

FILED Apr 15, 2008 Secretary of State

Current Principal Place of Business:				New Prince	New Principal Place of Business:			
	DCREEK DR S GROVE, IL	60515 เ	JS					
Current Mailing Address:				New Maili	New Mailing Address:			
	DCREEK DR S GROVE, IL	60515 l	JS					
FEI Number:	38-0546960	FEI Numl	per Applied For ()	FEI Number Not App	licable ()	Certificate of Statu	ıs Desired ()	
Name and	Address of C	Current Re	gistered Agent:	Name and	l Address of I	New Registered A	Agent:	
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3230		ANY					
	named entity s of Florida.	submits thi	is statement for the p	urpose of changing	its registered o	office or registered	l agent, or both,	
SIGNATUF								
	Electror	nic Signatu	re of Registered Age	ent		Date		
Election Can	npaign Financing	g Trust Fund	d Contribution ().					
OFFICERS	S AND DIREC	TORS:		ADDITION	NS/CHANGES	TO OFFICERS A	AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CFO () SHEEHAN, BEO 3113 WOODCF DOWNERS GR	REEK DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VS () BURNEY, JON 3113 WOODCF DOWNERS GR	REEK DRIVE		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	PCEO () SOENEN, MICH 3113 WOODCF DOWNERS GR	REEK DRIVE		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	T () TOMY, JANDY 3113 WOODC DOWNERS GR	REEK DRIVE		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	AT () STAMATKIN, G. 3113 WOODC DOWNERS GR	REEK DRIVE		Title: Name: Address: City-St-Zip:	GEORGE, KAN 3113 WOODO			
Title: Name: Address: City-St-Zip:	()) Delete		Title: Name: Address: City-St-Zip:	BEN, PAULEY 3113 WOODC) Change (X) Addition REEK DRIVE ROVE, IL 60515		

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: JANDY N. TOMY T 04/15/2008