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Jun 15, 2007 8:00 am
Secretary of State
05-15-2007 90006 002 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G07255

1. Entity Name
FANTASTIC FLOWERS, INC.

66019174

01242007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
~~4832~~ DAVIS BLVD NAPLES, FL 34104 US	~~4832~~ DAVIS BLVD NAPLES, FL 34104 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4886 Davis Blvd Suite, Apt. #, etc.	4886 Davis Blvd Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples FL
Zip: 34104 Country: US	Zip: 34104 Country: US

4. FEI Number: 65-0047255 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHARDE, LESLIE J ~~3770 15TH AVE SW~~ 1473 12th street DR NW ~~NAPLES, FL 34117~~ Hickory, NC. 28601	Name: Sandie Gabbard Street Address (P.O. Box Number is Not Acceptable): 2635 16th Ave NE City: Naples FL Zip Code: 34120

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: Sandie Gabbard 6.12.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS:		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHARDE, LESLIE J.	NAME	
STREET ADDRESS	~~3770 15TH AVE SW~~ 1473 12th Street NW	STREET ADDRESS	
CITY-ST-ZIP	~~NAPLES, FL 34117~~ Hickory, NC 28601	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHARDE, LESLIE J.	NAME	
STREET ADDRESS	~~3770 15TH AVE SW~~ 1473 12th Street NW	STREET ADDRESS	
CITY-ST-ZIP	~~NAPLES, FL 34117~~ Hickory, NC 28601	CITY-ST-ZIP	
TITLE	Manager ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Sandra S. Gabbard	NAME	
STREET ADDRESS	2635 16th ave NE	STREET ADDRESS	
CITY-ST-ZIP	Naples FL 34120	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leslie J Charde Apr 30.07 (828)324-6120
SIGNATURE, TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #