## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H47898

Name:

Address: City-St-Zip: SAYGER, SUZANNE

BONITA SPRINGS, FL 34134

28125 MANGO DR.

Entity Name: HEAVEN SCENT FLOWERS, INC.

FILED Apr 07, 2009 Secretary of State

Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
27515 OLD BONITA SF	941 RD. PRINGS, FL 3	4135 US			
Current Mailing Address:			New Mailing Address:		
PO BOX 18 BONITA SE	337 PRINGS, FL 3	41331837 US			
FEI Number:	59-2507933	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
	EX MBRA LANE PRINGS, FL 3:	41352387 US			
The above in the State		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SIMS, J. REX 9797 ALHAMBR	Delete A LANE 3S, FL 341352387	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SIMS, PEGGY 9797 ALHAMBR	Delete A LANE GS, FL 341352387	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	VD ()	Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SUZANNE SAYGER VD 04/07/2009