## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K32378

Entity Name: SYNGENTA FLOWERS, INC.

FILED Jan 09, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4343 COMMERCE COURT SUITE 50 LISLE, IL 60532 US				6899 WINCHESTER CIRCLE SUITE 102 BOULDER, CO 80301 US			
Current Mailing Address:				New Mailing Address:			
4343 COMMERCE COURT SUITE 50 LISLE, IL 60532 US				6899 WINCHESTER CIRCLE SUITE 102 BOULDER, CO 80301 US			
FEI Number:		FEI Number Applied For()	FEI Nur	nber Not Appli		Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:		Name and	Address of N	ew Registered Agent:	
100 N. BISCAYNE BLVD.  SUITE 2200  MIAMI, FL 33132 US  The above named entity submits this statement for the purpose of changing					RPORATION SYSTEM DUTH PINE ISLAND RD ATION, FL 33324 US g its registered office or registered agent, or both,		
in the State of Florida.  SIGNATURE: BONNIE A SCHUMAN  01/09/2009							
SIGNATUR		A SCHUMAN nic Signature of Registered Ager	nt			01/09/2009 Date	
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS							
Title: Name: Address: City-St-Zip:	PROHODSKI,	RCE COURT, SUITE 50		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	FALKENSTEIN	STER CIRCLE STE 102		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WESTBY, LAU	MEMORIAL HWY		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TRELLINGER,	STER CIRCLE STE 102		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WALTER, BRIA 7500 OLSON N	) Delete N MEMORIAL HWY EY, MN 55427		Title: Name: Address: City-St-Zip:	AT (X) WALTER, BRIAI 7500 OLSON M GOLDEN VALLE	EMORIAL HWY	
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	KENNEY, WILLI	CE COURT, SUITE 50	

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: BRIAN WALTER AT 01/09/2009