


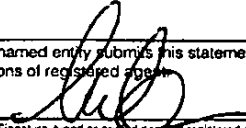
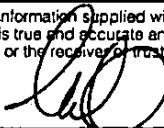
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-16-2005 90041 006 ****50.00

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|---|-------------------------|--|---|---|--|
| DOCUMENT # L04000071163 | | | |  | |
| 1. Entity Name HOMEBLOSSOM.COM ONLINE, LLC | | | | | |
| Principal Place of Business 6685 FOREST HILL BLVD. SUITE 205 GREENACRES, FL 33413 | | | Mailing Address 6685 FOREST HILL BLVD. SUITE 205 GREENACRES, FL 33413 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-1693505 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CT CORPORATION SYSTEM 1200 S PINE ISLAND RD. PLANTATION, FL 33324 | | | Name CHARLES MINEO | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 6685 FOREST HILL BLVD #205 | | |
| | | | City WEST PALM BEACH FL Zip Code 33413 | | |
| 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  | | | | DATE 5/03/05 | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MINEO, CHARLES W | | NAME | | |
| STREET ADDRESS | 3508 PALAIS TERRACE | | STREET ADDRESS | | |
| CITY - ST - ZIP | WELLINGTON, FL 33487 | | CITY - ST - ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TACHER, STEVE | | NAME | | |
| STREET ADDRESS | 10919 NW 17TH PLACE | | STREET ADDRESS | | |
| CITY - ST - ZIP | CORAL SPRINGS, FL 33071 | | CITY - ST - ZIP | | |
| TITLE | MGR | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BLINDER, DAVID | | NAME | | |
| STREET ADDRESS | 3 REINA | | STREET ADDRESS | | |
| CITY - ST - ZIP | DANA POINT, CA 92629 | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | | Date 5/03/05 (561) 968-2600 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Daytime Phone # | |