2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006
Secretary of State

DOCUMENT# L04000071163

Entity Name: HOMEBLOSSOM.COM ONLINE, LLC

Current Principal Place of Business:

6685 FOREST HILL BLVD.
SUITE 205
GREENACRES, FL 33413

New Principal Place of Business:

Current Mailing Address:

6685 FOREST HILL BLVD.
SUITE 205
GREENACRES, FL 33413

New Mailing Address:

FEI Number: 20-1693505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINED, CHARLES
6685 FOREST HILL BLVD, # 205
WEST PALM BEACH, FL 33413 US

Name and Address of New Registered Agent:

MINEO, CHARLES
6685 FOREST HILL BLVD, # 205
WEST PALM BEACH, FL 33413 US

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.

SIGNATURE: CHARLES W MINEO 02/21/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MINEO, CHARLES W
Address: 3508 PALAIS TERRACE
City-St-Zip: WELLINGTON, FL 33467

Title: MGR ( ) Delete
Name: TACHER, STEVE
Address: 10919 NW 17TH PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MINEO, CHARLES W
Address: 13755 GREENTREE TRAIL
City-St-Zip: WELLINGTON, FL 33414

Title: MGR (X) Change ( ) Addition
Name: MINEO, SHARON
Address: 13755 GREENTREE TRAIL
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES W MINEO MGRM 02/21/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date