

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000047367

Entity Name: BLOSSOM FINANCIAL, LLC

FILED  
Apr 28, 2006  
Secretary of State

**Current Principal Place of Business:**

2113 MATHEWS AVENUE  
UNIT B  
REDONDO BEACH, CA 90278 US

**New Principal Place of Business:**

**Current Mailing Address:**

2113 MATHEWS AVENUE  
UNIT B  
REDONDO BEACH, CA 90278 US

**New Mailing Address:**

FEI Number: 20-2818012

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALLAHAN, JACK  
451 CENTRAL PARK DRIVE  
LARGO, FL 33771 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SHIPCOTT, DAVID S  
Address: 2113 MATHEWS AVENUE, UNIT B  
City-St-Zip: REDONDO BEACH, CA 90278 US

Title: MGR (X) Delete  
Name: SHIPCOTT, LETICIA  
Address: 2113 MATHEWS AVENUE, UNIT B  
City-St-Zip: REDONDO BEACH, CA 90278 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PRACTICAL HOME SOLUT, IONS, INC.  
Address: 4535 WEST SAHARA AVENUE, SUITE 200  
City-St-Zip: LAS VEGAS, NV 89102 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID S SHIPCOTT

MGR

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date