

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047367

FILED  
Jul 16, 2008  
Secretary of State

Entity Name: BLOSSOM FINANCIAL, LLC

## Current Principal Place of Business:

364 S. MIRALESTE DR.#364  
SAN PEDRO, CA 90732 US

## New Principal Place of Business:

4776 WEST 131ST STREET  
HAWTHORNE, CA 90250 US

## Current Mailing Address:

364 S. MIRALESTE DR.#364  
SAN PEDRO, CA 90732 US

## New Mailing Address:

4776 WEST 131ST STREET  
HAWTHORNE, CA 90250 US

FEI Number: 20-2818012      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

COUCH, DEBORAH  
1204 APPLE CREEK LN  
ROCKLEDGE, FL 32955 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: PRACTICAL HOME SOLUT, IONS, INC.  
Address: 4535 WEST SAHARA AVENUE, SUITE 200  
City-St-Zip: LAS VEGAS, NV 89102 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PRACTICAL HOME SOLUT, IONS, INC.  
Address: 127 WILLIE WAY  
City-St-Zip: DAYTON, NV 89403 US

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 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: PRACTICAL HOME SOLUTIONS, INC.      MGR      07/16/2008

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