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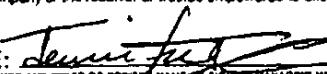
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L05000086264

4. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000086264			
1. Entity Name CHRISTIE'S FLOWERS AND GIFTS, LLC			
Principal Place of Business 1012 CHESAPEAKE BAY COURT NAPLES, FL 34120		Mailing Address 1012 CHESAPEAKE BAY COURT NAPLES, FL 34120	
2. Principal Place of Business 7740 PRESERVE La. Suite, Apt. #, etc. UNIT 4 City & State NAPLES FL.		3. Mailing Address 1012 CHESAPEAKE BAY CT Suite, Apt. #, etc. City & State NAPLES, FL.	
Zip 34119	Country U.S.I.A.	Zip 34120	Country U.S.I.A.
4. FEI Number 20-3442932		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CECIL W. JEFFREY ESQ PORTER, WRIGTH, MORRIS & ARTHUR LLP 5801 PELICAN BAY BOULEVARD, SUITE 300 NAPLES, FL 34108		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <small>Signature, typed or printed name of registered agent and state if applicable</small>		DATE <small>(NOTE: Registered Agent signature is required when re-issuing)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Director. <input type="checkbox"/> Delete Jennifer J. Cummings 1012 Chesapeake Bay Ct.	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JENNIFER J. CUMMINGS 1012 CHESAPEAKE BAY CT NAPLES FL 34120
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Marketing Director. <input type="checkbox"/> Delete Kismet F. Cummings 1012 Chesapeake Bay Ct.	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KISMET F. CUMMINGS 1012 CHESAPEAKE BAY CT NAPLES FL 34120
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		04/17/06 (239-455-5852)	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	