2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009907

Entity Name: BLOOMSICAL, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1603 MARGATE AVE ORLANDO, FL 32803 US	731 BRAIDWOOD LN ORLANDO, FL 32803 US

Current Mailing Address:	**New Mailing Address:**
1603 MARGATE AVE ORLANDO, FL 32803 US	731 BRAIDWOOD LN ORLANDO, FL 32803 US

FEI Number: 20-8326802   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
KENNEDY, NATALIE 1603 MARGATE AVE. ORLANDO, FL 32803 US	KENNEDY, NATALIE 731 BRAIDWOOD LN ORLANDO, FL 32803 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: _____   04/28/2008
                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

		ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Name: KENNEDY, NATALIE Address: 1603 MARGATE AVE. City-St-Zip: ORLANDO, FL 32803 US	Title: MGRM (X) Change ( ) Addition Name: KENNEDY, NATALIE Address: 731 BRAIDWOOD LN City-St-Zip: ORLANDO, FL 32803 US
Title: MGRM ( ) Delete Name: KENNEDY, WAYNE Address: 1603 MARGATE AVE. City-St-Zip: ORLANDO, FL 32803 US	Title: MGRM (X) Change ( ) Addition Name: KENNEDY, WAYNE Address: 731 BRAIDWOOD LN City-St-Zip: ORLANDO, FL 32803 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: WAYNE KENNEDY   MGRM   04/28/2008
                    Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date