2007 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # L20193** 1. Entity Name LONNIE MILLS WHOLESALE FLORIST, INC.

FILED Feb 14, 2007 08:00 AM Secretary of State

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Principal Plac	e of Business	Mailing Address					
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	named entity submits this statement for th	ne purpose of changing its register	ed office or register	ed agent, or bot	h, in the State of Flo	rida. I am far	niliar with, and accept
the obligat	ions of registered agent.						
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SIGNATURE_	Signature, typed or printed name of registered agent and	title il applicable (NOTE: Registere	d Agent signature required	when reinstating)		DATE	
							
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indicated of this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.