

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M07512

FILED
Jul 24, 2006
Secretary of State

Entity Name: LONGAN BLOSSOMS, INC.

Current Principal Place of Business:

31600 SW 204 AVE
GROVE
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

8740 S.W. 155 TERRACE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 59-2463375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NESMITH, TAYLOR
8740 S.W. 155 TERRACE
MIAMI, FL 33157 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NESMITH, TAYLOR
Address: 8740 S.W. 155 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: FRALEIGH, MARK
Address: 9550 S.W. 60 COURT
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLOYD TAYLOR NESMITH

PRES

07/24/2006

Electronic Signature of Signing Officer or Director

_____ Date