
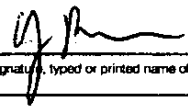


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90029 041 ****61.25

DOCUMENT # N02000009440 1. Entity Name BLOOM & GROW GARDEN SOCIETY, INC.					
Principal Place of Business 800 S. DILLARD ST. WINTER GARDEN, FL 34787			Mailing Address PO BOX 97 OAKLAND, FL 34760-0706		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 		03212008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3748991	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CRAMER, CHARLES W 1411 EDGEWATER DRIVE, SUITE 100 ORLANDO, FL 32804				7. Name and Address of New Registered Agent Name DEREK BLAKELEC Street Address (P.O. Box Number is Not Acceptable) 800 S DILLARD ST. City WINTER GARDEN FL Zip Code 34787	
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  DEREK BLAKELEC 3/25/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, BETTY ANN P.O. BOX 865M 525 TUBB ST OAKLAND, FL 34740	<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	D KELYMAN, MARILYN 17804 BONNIE VISTA CT WINTER GARDEN, FL 34787	<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	D DAVIS, ANDY 392 N. BOYD ST WINTER GARDEN, FL 34787	<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	D WINGATE, CAROLE 110 MERICUM CT WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nancy Sines 13526 Larsen Lane Winter Garden, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, KAREN 1208 MARKEL DR WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Karen Starcher 278 TILDENVILLE SCHOOL RD Winter Garden, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DIANE 1607 MALCOLM POINTE DR. WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jennie Reagan 1000 W. PLANT ST WINTER GARDEN, FL 34787

12. 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 or supplemental report is true and accurate and that my 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 617, 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.

SIGNATURE 