## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N05000002312**

1. Entity Name FLOWER OF LOVE FOUNDATION, INC



## **FILED** Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90205 031 \*\*\*\*70.00

5358 FOX BRIAR TRAIL P.O		Mailing Address P.O. BOX 678173 ORLANDO, FL 32867-81	•		<b>.</b>		
2. Principal Place of Business 3. M		3. Mailing Address	Mailing Address				
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		-NP CR2E0	37 (11/05)	
City & State		City & State		4. FEI Number 253	,9217		plied For Applicable
Zip	Country	Zip	Country	5. Certificate of State	us Desired 🕦	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ss of New Registered	Agent	
NGUYEN,	HUNG THINH		Name				
5629 MOAT CT. ORLANDO, FL 32810			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	,
	named entity submits this statement to ions of registered agent.	or the purpose of changing its re	gistered office or registe.	ered agent, or both, in th	e State of Florida. I am	familiar with,	and accept
the obligat	ions of registered agent.						
SIGNATURE .	Signature, typed or printed name of registered agent	and the decelerable (NOW). C	legistered Agent agnisture require	4.6.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	DATE	· · · · · · · · · · · · · · · · · · ·	
	Superior, special princes have a regioner again	(16.7.2. 11	CONTROL STREET STREET	O MION (CATALONS)	DATE		
Filing Fee is \$61.25 Due by May 1, 2006		The state of the s	9. Election Campaign Financing Trust Fund Contribution.		Make chec Florida Depa	k payable to rtment of St	T I
10.	OFFICERS AND DI		11.	ADDITIONS/CHANGES	TO OFFICERS AND D	IRECTORS IN	10
title Name	D VAN LE, PHU	☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS	5358 FOX BRIAR TRAIL						
CITY-ST-ZIP	ORLANDO, FL 32808		STREET ADORESS				
	OREANDO, PE 32000		CITY-SI-ZIP				
TITLE	D	☐ Delete	CITY-ST-ZIP	·· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNENG OFFICER OR DIRECTOR

(321)2779120 4/14/06 Daytime Phone #