2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AM DOCUMENT # P00000003728 **Secretary of State** 1. Entity Name BELLEVIEW FLORIST, INC. Principal Place of Business Mailing Address 10698 S.E. 58TH AVENUE PO BOX 698 BELLEVIEW, FL 34421 BELLEVIEW, FL 34420 04282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3618603 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRICE, BRENDA L DO NOT WRITE 10698 S.E. 58TH AVENUE BELLEVIEW, FL 34420 IN THIS SPACE 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) TATE S. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. VPS TITLE PRICE, MORRIS 11A155 U00000555588 10698 SE 58TH AVE STREET ADDRESS 05/16/06-80038-024 150.00 BELLEVIEW, FL 34420 CITY-ST-ZIP TRILE PRICE, GWEN NAME 10698 SW 58TH AVE STREET ADDRESS BELLEVIEW, FL 34420 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my mane appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

Bule Lyn &

1/28/06 245-385

FILED