

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000082380

FILED  
Jul 27, 2009  
Secretary of State

Entity Name: BLUE ROSE SECRETS & GIFTS, INC.

## Current Principal Place of Business:

5543 FAIRWAY DR  
DADE CITY, FL 33523

## New Principal Place of Business:

806 S FIRST ST  
FULTON, NY 13069

## Current Mailing Address:

5543 FAIRWAY DR  
DADE CITY, FL 33523

## New Mailing Address:

PO BOX 3143  
LIVERPOOL, NY 13089

FEI Number: 54-2167204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCGUINNESS, LEWIS A  
5543 FAIRWAY DR  
DADE CITY, FL 33523 US

## Name and Address of New Registered Agent:

INCORPORATING SERVICES LTD INC  
1540 GLENWAY DR  
TALLAHASSEE, FL 32301 US

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: TERRI L. HICKMAN, ASST. SECRETARY

07/27/2009

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: PD ( ) Delete  
Name: MCGUINNESS, REBECCA  
Address: 806 S FIRST ST  
City-St-Zip: FULTON, NY 13069

Title: TD ( ) Delete  
Name: MCGUINNESS, REBECCA  
Address: 806 S FIRST ST  
City-St-Zip: FULTON, NY 13069

Title: SD ( ) Delete  
Name: CONNELLY, JOHN J  
Address: 136 NE 19TH COURT  
City-St-Zip: FT. LAUDERDALE, FL 33305

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition  
Name: MCHENRY, GARRY  
Address: 234 W. FOSTER AVE.  
City-St-Zip: PALMYRA, NY 14522

I hereby certify that the information supplied with this filing does not qualify 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: GARRY MCHENRY

S/D

07/27/2009

Electronic Signature of Signing Officer or Director

Date