2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 06, 2006 08:00 AM Secretary of State

DOCUMENT # P00000112157 1. Entity Name PARADISE BEACH FLORIST OF MELBOURNE, INC.				Secretary of State
Principal Place of Bueiness Mailing Address 2356 N HWY ATA 2356 N HWY ATA MELBOURNE, FL 32903 US MELBOURNE, FL 32903 US				
Ε	OO NOT WRITE	IN THIS SP	ACE	02032006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3690277 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
REED, RONALD G 2356 N HWY A1A MELBOURNE, FL 32903 B. Name and Address of Current Registered Agent DO NOT WRITE 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. It am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Street or original registered agent and the it explicable in the item of the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both in the State of Florida.				
### STILE NOWIII FEE IS \$150.00 S. Election Campaign Financing Added to Fees 1000001422438 10. OFFICERS AND DIRECTORS 0.2/17/06-00015-016-150.00 0.2/17/06-000015-016-150.00 0.2/17/06-000015-016-150.00 0.2/				
ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	D REED, PATRICIA W 474 OLEANDER CT. SATELLITE BCH, FL 32937 D REED, RONALD G 474 OLEANDER CT. SATELLITE BCH, FL 32937			DO NOT WRITE IN THIS SPACE
12. Thereby indicated of the co	certify that the information supplied with the don this report or supplemental report is to post and or the receiver or trustee empowers attached with the supplemental and the receiver or trustee empowers.	is filling does not qualify for the and accurate and that my seried to execute this report as	ne exemptions container signature shall have the required by Chapter 60	d in Chapter 119, Florida Statutes. I further certify that the information same legal effect as it made under oath, that I am an officer or director 7. Florida Statutes; and that my name appears in Block 10 or Block 11 if