2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-13-2005 90005 043 ***150.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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05202005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000067533

1. Entity Name
KAY JOY FLORIST, INC.

Principal Place of Business	Mailing Address
2300 PALM BEACH LAKE BLVD 212 WEST PALM BEACH, FL 33409	4245 MAGGIORE WAY WEST PALM BEACH, FL 33409

2. Principal Place of Business	3. Mailing Address
2300 Palm Beach Lake Blvd	4245 Maggiore Way
Suite, Apt. #, etc.: 212	Suite, Apt. #, etc.
City & State: West Palm Beach, Florida	City & State: West Palm Beach, FL
Zip: 33409 Country: Palm Beach	Zip: 33409 Country: Palm Beach

4. FEI Number: 65-1119364 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURRELL, KAREN 4245 MAGGIORE WAY WEST PALM BEACH, FL 33409	Name: Karen Burrell Street Address (P.O. Box Number is Not Acceptable): 4245 Maggiore Way City: West Palm Beach FL Zip Code: 33409

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: Karen Burrell, President, KAREN Burrell, President 06/08/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURRELL, KAREN 4245 MAGGIORE WAY WEST PALM BEACH, FL 33409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BURRELL, KEMAR 4245 MAGGIORE WAY WEST PALM BEACH, FL 33409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BURRELL, EILEEN 4245 MAGGIORE WAY WEST PALM BEACH, FL 33409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Burrell, Karen Burrell, President 06/08/05 561-686-6126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #