

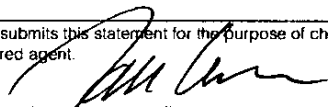
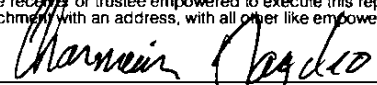


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90018 024 ***150.00

DOCUMENT # P02000018101 1. Entity Name FLORAL DESIGNERS, GIFTS & STUFF, INC.					
Principal Place of Business 2658 E. FOWLER AVE. TAMPA, FL 33612			Mailing Address 2658 E. FOWLER AVE. TAMPA, FL 33612		
2. Principal Place of Business - No P.O. Box # 275B University Sq. Dr.		3. Mailing Address 275B University Sq. Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04302008 Chg-P CR2E034 (12/06)	
City & State TAMPA FL		City & State TAMPA		4. FEI Number 02-0551118	
Zip 33612		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARREN ACCOUNTING SERVICES 30845 SAINT VINCENT CT. WEGLEY CHAPEL, FL 33543			7. Name and Address of New Registered Agent Name Tom Warren Street Address (P.O. Box Number is Not Acceptable) 202 S. 22nd St. STE 214 City TAMPA State FL Zip Code 33605		
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  DATE 3/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOONAN, SINTRA 12303 LANGSHAW DRIVE THONOTOSASSA, FL 33592	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charmaine Jagdeo 275B University Sq. Dr. TAMPA, FL 33612	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RACCHA, SANDRA 12303 LANGSHAW DRIVE THONOTOSASSA, FL 33592	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 recipient 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: 			Date 3/15/08 Daytime Phone # 813.846.3399		