

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034836

FILED
Apr 30, 2006
Secretary of State

Entity Name: ALLEN'S FLOWERS BOUTIQUE, INC.

Current Principal Place of Business:

3 N BAILEY STREET
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

3 N BAILEY STREET
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 38-3646815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANIGAN, DAVID C
10927 N 56 STREET
TAMPA, FL 336173000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRESPO, ISRAEL
Address: 18812 WIMBLEDON CIR
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: CRESPO, BLANCA
Address: 18812 WIMBLEDON CIR
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: CRESPO, AIXA
Address: 14185 EASTMOUNT RD
City-St-Zip: SPRINGHILL, FL 346095466

Title: D () Delete
Name: CRUZ, ERIC D
Address: 14185 EASTMOUNT RD.
City-St-Zip: SPRINGHILL, FL 346095466

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: AIXA CRESPO

D

04/30/2006

Electronic Signature of Signing Officer or Director

_____ Date