

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106215

FILED
Jan 15, 2005
Secretary of State

Entity Name: BLOOMING FREEDOM, TOO, INC.

Current Principal Place of Business:

3993 SW LEIGHTON FARMS ROAD
PALM CITY, FL 34990

New Principal Place of Business:

<UNUSED>3993 SW LEIGHTON FARMS ROAD
PALM CITY, FL 34990

Current Mailing Address:

3993 SW LEIGHTON FARMS ROAD
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 81-0575235 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PARDO, CHRISTINA
3993 SW LEIGHTON FARMS ROAD
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

PARDO, CRISTINA
3993 SW LEIGHTON FARMS ROAD
PALM CITY, FL 34990 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: CRISTINA PARDO

01/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: PARDO, CHRISTINA
Address: 3993 SW LEIGHTON FARMS ROAD
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: PARDO, CHRISTINA
Address: 3993 SW LEIGHTON FARMS ROAD
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: PARDO, CRISTINA
Address: 3993 SW LEIGHTON FARMS ROAD
City-St-Zip: PALM CITY, FL 34990

Title: T (X) Change () Addition
Name: PARDO, CRISTINA
Address: 3993 SW LEIGHTON FARMS ROAD
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CRISTINA PARDO

PRES

01/15/2005

Electronic Signature of Signing Officer or Director

Date