


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90105 031 \*\*\*150.00

<b>DOCUMENT # P02000106215</b>					
<b>1. Entity Name</b> <b>BLOOMING FREEDOM, TOO, INC.</b>					
<b>Principal Place of Business</b> ◀UNUSED▶ 3993 SW LEIGHTON FARMS ROAD PALM CITY FL 34990			<b>Mailing Address</b> 3993 SW LEIGHTON FARMS ROAD PALM CITY FL 34990		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 3855 S.W. Honey Terr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Palm City, FL		<b>4. FEI Number</b> 81-0575235	
Zip		Country		Zip 34990	
Country		Country US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PARDO, CRISTINA 3993 SW LEIGHTON FARMS ROAD PALM CITY FL 34990			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when consulting)					
Signature typed or printed name of registered agent and title if applicable					
DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PSD PARDO, CRISTINA 3993 SW LEIGHTON FARMS ROAD PALM CITY FL 34990		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
PSD PARDO, CRISTINA 3993 SW LEIGHTON FARMS ROAD PALM CITY FL 34990		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T PARDO, CRISTINA 3993 SW LEIGHTON FARMS ROAD PALM CITY FL 34990		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T PARDO, CRISTINA 3993 SW LEIGHTON FARMS ROAD PALM CITY FL 34990		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T PARDO, CRISTINA 3993 SW LEIGHTON FARMS ROAD PALM CITY FL 34990		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T PARDO, CRISTINA 3993 SW LEIGHTON FARMS ROAD PALM CITY FL 34990		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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T PARDO, CRISTINA 3993 SW LEIGHTON FARMS ROAD PALM CITY FL 34990		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.</b>					
<b>SIGNATURE:</b> _____ <i>March 3/06</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					



1st MOORE CR2E034 (10/05)