-2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: Loliva.

Jan 31, 2006 08:00 AM Secretary of State DOCUMENT # P02000126403 HUDSON FLORIST, INC. Principal Place of Business Mailing Address 7422 STATE RD 52 7422 STATE RD 52 HUDSON, FL 34667 HUDSON, FL 34667 01232006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 08-5548800 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTIN, EDWARD J 7422 STATE RD 52 HUDSON, FL 34667 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when rehistating) DATE UUUUU0410835 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 02/09/05-80054-002 150.00 Trust Fund Contribution. Added to Fee: 10. OFFICERS AND DIRECTORS TITLE MARTIN, EDWARD J NASAE STITEFT APPRESS 7422 STATE RD 52 Caty-St-Zip HUDSON, FL 34687 TITLE MAME STREET ADDRESS CITY-ST-ZIP NAME STREET AUDITESS CITY-ST-ZW TITLE NAME STREET ADDRESS C67Y-ST-782 TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby Certify that the information supplied with this titing 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 roceiver 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 attachagent with an address, with all other like empowered.

TICER OR DISCUSSION

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