2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# P02000127397

Entity Name: SI SIMONDS' FLORAL BOUTIQUE, INC.

Current Principal Place of Business:

1413 S. HOWARD AVE.
STE. 103-A
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

1413 S. HOWARD AVE.
STE. 103-A
TAMPA, FL 33606

New Mailing Address:

FEI Number: 52-2326186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCIALLI, VINCENT T
5409 BURNT HICKORY DR.
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

SCIALLI, VINCENT T
915 SEDDON COVE WAY
TAMPA, FL 33602 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: VINCENT T. SCIALLI 04/20/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCIALLI, VINCENT T
Address: 5409 BURNT HICKORY DR.
City-St-Zip: VALRICO, FL 33594

Title: VP ( ) Delete
Name: SCIALLI, SHARON A
Address: 5409 BURNT HICKORY DR.
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCIALLI, VINCENT T
Address: 915 SEDDON COVE WAY
City-St-Zip: TAMPA, FL 33602

Title: VP (X) Change ( ) Addition
Name: SCIALLI, SHARON A
Address: 915 SEDDON COVE WAY
City-St-Zip: TAMPA, FL 33602

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: VINCENT T. SCIALLI PRES 04/20/2005
Electronic Signature of Signing Officer or Director Date