


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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| DOCUMENT # P03000089980 | |  |
| 1. Entity Name KELLY'S FLOWERS INC. | | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 11 AM 8:00

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| Principal Place of Business 260 N. DEVON AVENUE WINTER SPRINGS, FL 32708 US | Mailing Address 260 N. DEVON AVENUE WINTER SPRINGS, FL 32708 US |
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| 2. Principal Place of Business 132 W. STATE ROAD 434 | 3. Mailing Address 132 W. STATE ROAD 434 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



09232004 Chg-P CR2E034 (10/03)

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|------------------------------------|------------------------------------|-----------------------------|--|
| City & State WINTER SPRINGS, FL | City & State WINTER SPRINGS, FL | 4. FEI Number 13-4262356 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32708 | Country SEMINOLE | Zip 32708 | Country SEMINOLE |

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BLACK, KELLY S 244 ALTAMONTE BAY CLUB CIRCLE #203 ALTAMONTE SPRINGS, FL 32701 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BLACK, KELLY S 244 ALTAMONTE BAY CLUB CIRCLE, #203 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700041768667 10/11/04--01017--013 **\$61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BLACK, DEBBIE F 244 ALTAMONTE BAY CLUB CIRCLE #203 ALTAMONTE SPRINGS, FL 32708 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: Debbie Black DEBBIE BLACK 10/7 407 443 6665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #