

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105317

Entity Name: BEAUTIFUL BASKETS INC

FILED  
Apr 19, 2005  
Secretary of State

## Current Principal Place of Business:

719 WINTERS STREET  
WEST PALM BEACH, FL 33405 US

## New Principal Place of Business:

## Current Mailing Address:

719 WINTERS STREET  
WEST PALM BEACH, FL 33405 US

## New Mailing Address:

FEI Number: 56-2398588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOBUSSEN, ELLEN  
719 WINTERS STREET  
WEST PALM BEACH, FL 33405 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KOBUSSEN, ELLEN  
Address: 719 WINTERS ST  
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: VP ( ) Delete  
Name: KOBUSSEN, REBECCA L  
Address: 16360 KEYLIME BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELLEN KOBUSSEN

P

04/19/2005

Electronic Signature of Signing Officer or Director

Date