2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: X

Apr 08, 2005 8:00 am Secretary of State **DOCUMENT # P04000008929** 04-08-2005 90060 032 ***150.00 ANYTHING GOES FLORALS AND FRILLS, INC. Principal Place of Business Mailing Address 1412 PINEHURST ROAD 1412 PINEHURST ROAD DUNEDIN, FL 34698 DUNEDIN, FL 34698 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 Chg-P CR2E034 (10/03) 4. FEI Number 42-1612881 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BASNETT, DONNA L 1412 PINEHURST ROAD Street Address (P.O. Box Number is Not Acceptable) DUNEDIN, FL 34698 City 8. The above named earlity 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 regis 4/5/05 SIGNATURE. (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ΠΩF ☐ Change XIX Addition NAME BASNETT, DONNA L Basnett, Richard 1047 SUEMAR ROAD STREET ADDRESS STREET ADDRESS 1047 Suemar Road CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP Dunedin, FL 34698 XX Delete TITLE ☐ Change ☐ Addition OSBORNE, CINDY L NAME NAME 1234 SEDEEVA CIRCLE N STREET ADDRESS STREET ADDRESS CLEARWATER, N. 33755 CITY-ST-ZIP CITY+ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZBP CITY-ST-7P TILE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZIP CITY-ST-ZIP 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.

FILED