


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000016870
 1. Entity Name
 MONTI'S FLOWER MARKET, INC.



Principal Place of Business Mailing Address
 1163 COMMERCE AVENUE 1163 COMMERCE AVENUE
 VERO BEACH, FL 32960 VERO BEACH, FL 32960



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 20-0754125 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JONES, SANDRA M
 1736 34TH. AVE.
 VERO BEACH, FL 32960

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JONES, SANDRA M 1736 34TH. AVENUE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, SANDRA M 1736 34TH. AVENUE VERO BEACH, FL 32960
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 05/09/07 80062-017 150.00

12. I hereby certify that the information supplied with this filing 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 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: *S. Montgomery Jones* 4/18/07 772 778 9850
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #