

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000030466

1. Entity Name
WAREHOUSE OF PETALS, INC.



**FILED
Apr 27, 2006 8:00 am
Secretary of State**

04-27-2006 90386 001 ***100.00
04-27-2006 90386 002 ****50.00

66012309



04212006 Chg-P CR2E034 (11/05)

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|---|-----------------|--|-----------------|
| 2. Principal Place of Business 2457 Brickell Ave #4 Suite, Apt. #, etc. 14-B City & State Miami, Florida | | 3. Mailing Address 2451 Brickell Ave Suite, Apt. #, etc. 14-B City & State Miami, FLA | |
| Zip 33129 | Country Dade | Zip 33129 | Country Dade |
| 6. Name and Address of Current Registered Agent TICE, JAMES E 16220 SW 80TH STREET HOMESTEAD, FL 33031 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|---|--|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06 305-331-8831
Date Daytime Phone #