


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90056 006 \*\*\*150.00

<b>DOCUMENT # P04000061129</b>	
1. Entity Name <b>BALDWIN PARK FLOWERS, INC.</b>	

Principal Place of Business <b>WACHOVIA BANK BUILDING - 2ND FLOOR 400 COREY AVENUE ST. PETE BEACH, FL 33706</b>	Mailing Address <b>c/o Terrance P. McNamara, Esq WACHOVIA BANK BUILDING - 2ND FLOOR 400 COREY AVENUE ST. PETE BEACH, FL 33706</b>
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**20012643**



2. Principal Place of Business <b>3064 Jon Jon Court</b>	3. Mailing Address  Suite, Apt. #, etc.
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01052005 Chg-P CR2E034 (10/03)

City & State <b>Orlando, FL</b>	City & State  Suite, Apt. #, etc.
Zip <b>32822</b>	Country <b>USA</b>

4. FEI Number <b>20-0994299</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>MCNAMARA, TERRANCE P ESQ. WACHOVIA BANK BUILDING - 2ND FLOOR 400 COREY AVENUE ST. PETE BEACH, FL 33706</b>

<b>7. Name and Address of New Registered Agent</b>
Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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.

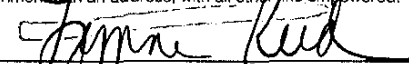
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MCAFFEE, DEBORAH</b>	
STREET ADDRESS <b>2822 CORRINE DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO, FL 32803</b>	
TITLE <b>VSTD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>REED, LYNNE</b>	
STREET ADDRESS <b>2822 CORRINE DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO, FL 32803</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Smart, John</b>	
STREET ADDRESS <b>3064 Jon Jon Court</b>	
CITY-ST-ZIP <b>Orlando, FL 32822</b>	
TITLE <b>VSTD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Reed, Lynne</b>	
STREET ADDRESS <b>3064 Jon Jon Court</b>	
CITY-ST-ZIP <b>Orlando, FL 32822</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

<b>SIGNATURE:</b>  Lynne Reed, Secretary	Date <b>21 Jan 05</b>	Daytime Phone #
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