

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090957

Entity Name: THE MAGNOLIA BASKET, INC.

FILED  
Feb 24, 2005  
Secretary of State

## Current Principal Place of Business:

1628 LONG BOW LANE  
CLEARWATER, FL 33764 US

## New Principal Place of Business:

3052 ASHLAND TERRACE  
CLEARWATER, FL 33761 US

## Current Mailing Address:

1628 LONG BOW LANE  
CLEARWATER, FL 33764 US

## New Mailing Address:

3052 ASHLAND TERRACE  
CLEARWATER, FL 33761 US

FEI Number: 57-1209698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEGAL ZOOM NEVADA, INC.  
44 W. FLAGLER ST.  
SUITE 675  
MIAMI, FL 33130 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: PRES ( ) Delete  
Name: BLUMENCRANZ, ALEXANDRA E  
Address: 1628 LONG BOW LANE  
City-St-Zip: CLEARWATER, FL 33764 US

Title: DIR ( ) Delete  
Name: BLUMENCRANZ, BRETT M  
Address: 1628 LONG BOW LANE  
City-St-Zip: CLEARWATER, FL 33764 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BLUMENCRANZ, ALEXANDRA E  
Address: 3052 ASHLAND TERRACE  
City-St-Zip: CLEARWATER, FL 33761 US

Title: DIR (X) Change ( ) Addition  
Name: BLUMENCRANZ, BRETT M  
Address: 3052 ASHLAND TERRACE  
City-St-Zip: CLEARWATER, FL 33761 US

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: BRETT BLUMENCRANZ

DIR

02/24/2005

Electronic Signature of Signing Officer or Director

Date