2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: PARTICLE IN THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 26, 2006 08:00 AM Secretary of State

DOCUMENT # P04000114317 1. Enlity Name DALIA'S FLOWER GALLERY, INC.						Secreta	ary of Stat	ie
Principal Place of Business Mailing Address 6316 LANTANA ROAD 6316 LANTANA ROAD								
STE 36 LAKE WORTH, FL 33463 US		STE 36			{			
	LAKE WORTH, FL 334			{				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.			04172006	Chg-P	CR2E034 (11/05))
City & State		City & State		4. FEI Numb 41-214			applied For lot Applicable	
Zip	Country	Zip Coun		ntry	5. Certificate	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current Regi	<u> </u>	7. Name and Address of New Registered Agent Name					
TAINES, DALIA				Street Address (P.O. Box Number is Not Acceptable)				
5485 GRAND PARK PL BOCA RATON, FL 33486				0.1501712215		OF TO THOU PROPERTY.		
				City			Zip Co	qe
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								, and accept
(ne obliga	tions of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent and title	e if applicable, (NO	TE: Registere	d Agent signature rec	quired when reinstating)		DATE	
FIL Atter M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campa Trust Fund Con			\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	15 IN 11
TITLE NAME	P TAINES, DALIA	☐ Delete	TITL NAM	ľ			☐ Change	Addition
STREET ADDRESS CITY-ST-21P	5485 GRAND PARK PLACE BOCA RATON, FL 33486		STR	EET ADDRESS -ST-ZIP			:0536649 :-30101 -01 5	iso no
TITLE		☐ Deleta	Idt	E }	_	<u> </u>	Change	☐ Addition
NAME SCREET ADDRESS			NAN STRI	NE LET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE NAME		☐ Delete	717L	II.	-		☐ Change	☐ Addition
STREET ADDRESS			NAM STRI	ET ADORESS				
CITY-SI-ZIP			רווט	ST-ZIP		7		,- <u>.</u>
NAME		☐ De(e(8	TITL NAM	•			☐ Change	☐ Addition
STREET ADORESS				EET ACIDRESS				
CITY-ST-ZIP				-SI-ZIP				
NAME		Celete	TITL NAM	5			☐ Change	
STREET ADDRESS				ET ADDRESS				
TITLE		☐ Deleja	TITE	-ST-20P		<u> </u>	☐ Change	☐ Addition
NAME		- Parth	NAN	re }			ு வக்கும்	wearduit
STREET ADDRESS CITY - ST - ZIP				ET ADDRESS ST-ZIP				
·	certify that the information supplied with this	filing does not qualify f			ined in Chapter 119), Florida Statutes. I	further certify that the	Information
indicated of the cor changed	certify that the information supplied with this on this report or supplemental report is true typoration or the receiver or trustee empowen or on an attachment with an address, with a	and accurate and that ed to execute this repor- all other like empowered	my signa t as requ f.	ture shall have ired by Chapter	the same legal elfer 607, Florida Statute	ot as if made under o es; and that my name	oath; that I am an office a appears in Block 10 o	r or director or Block 11 if