

**FILED**  
**Mar 19, 2007 08:00**  
**Secretary of State**

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P04000119568</b>		
1. Entity Name THE FLOWER GALLERY BY JOSIE, INC.		
Principal Place of Business 531 CENTRAL AVE ST PETERSBURG, FL 33701	Mailing Address 531 CENTRAL AVE ST PETERSBURG, FL 33701	
<b>DO NOT WRITE IN THIS SPACE</b>		01302007 No Chg-P CR2E034 (11/05)
		4. FEI Number NOT APPLICABLE
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		
BARBER, TIMOTHY R 531 CENTRAL AVE ST PETERSBURG, FL 33701		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST BARBER, TIMOTHY R 531 CENTRAL AVE ST PETERSBURG, FL 33701	<b>DO NOT WRITE IN THIS SPACE</b>  1100000669658 03/27/07-80080-024 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LUPKEY, JOSEPHINE 531 CENTRAL AVE ST PETERSBURG, FL 33701	
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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		Date: 2/26/07 Daytime Phone #