

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT.

Reports JUN 06 2005

FILED

05 MAY 31 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05232005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000173059			
1. Entity Name BOTTLES & BLOOMS, INC.			
Principal Place of Business 3340 GRANT RD GRANT, FL 32949		Mailing Address 3340 GRANT RD GRANT, FL 32949	
2. Principal Place of Business 916 US HWY 1 Suite, Apt. #, etc.		3. Mailing Address 916 US HWY 1 Suite, Apt. #, etc.	
City & State Sebastian, FL Zip 32958 Country Indian River		City & State Sebastian, FL Zip 32958 Country Indian River	
4. FEI Number 05-0614463		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOUGLAS, BRANDY S 3340 GRANT RD GRANT, FL 32949		7. Name and Address of New Registered Agent Name Lora Day Carrubba Day Street Address (P.O. Box Number is Not Acceptable) 4580 Hunter's Run Circle City Grant FL Zip Code 32949	
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 <u>Lora C. Day</u> DATE <u>5/23/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOUGLAS, BRANDY S 3340 GRANT RD GRANT, FL 32949 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lora Carrubba Day 4580 Hunter's Run Circle Grant, FL 32949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u>Lora C. Day</u>		5/23/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	