2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# P05000114854

Entity Name: GULF COAST FLOWERS WHOLESALE, INC

Current Principal Place of Business:

PO BOX 10100
NAPLES, FL 34101

New Principal Place of Business:

PO BOX 941585
MIAMI, FL 33194

Current Mailing Address:

PO BOX 10100
NAPLES, FL 34101

New Mailing Address:

PO BOX 941585
MIAMI, FL 33194

FEI Number: 20-3330157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUINTANA, NOEL
811 LOGAN BLVD N
NAPLES, FL 34119 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: P ( ) Delete
Name: QUINTANA, NOEL
Address: 811 LOGAN BLVD N
City-St-Zip: NAPLES, FL 34119

Title: VP (X) Delete
Name: FESSENDEN, MARK T
Address: 811 LOGAN BLVD N
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NOEL QUINTANA PDT 04/10/2006

Electronic Signature of Signing Officer or Director — Date