2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P05000142202

Entity Name: FLOWERS AND ARRANGEMENTS BY DESUE INC.

Current Principal Place of Business:

590 QUEENS HARBOR DRIVE
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

590 QUEENS HARBOR DRIVE
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-3676798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GERALD P. JONES, CPA,PA
435 CLARK RD
SUITE 107
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

GERALD P. JONES, CPA,PA
2039 SOUTEL DRIVE
JACKSONVILLE, FL 32208 US

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: GERALD P. JONES, CPA,PA 04/28/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,D ( ) Delete
Name: SPENCER, CHARLES
Address: 590 QUEENS HARBOR DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: V,D ( ) Delete
Name: DESUE, GERALD
Address: 1032 A. PHILLIP RANDOLPH
City-St-Zip: JACKSONVILLE, FL 32206

Title: TS D ( ) Delete
Name: SPENCER, ELAINE
Address: 590 QUEENS HARBOR DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: GERALD P. JONES, CPA,PA RA 04/28/2009
Electronic Signature of Signing Officer or Director Date