
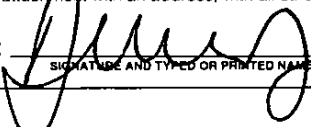


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2007 8:00 am**  
**Secretary of State**

08-08-2007 90067 031 \*\*\*150.00

<b>DOCUMENT # P06000124585</b> 1. Entity Name <b>BLOOMING MEMORIES, INC.</b>					
Principal Place of Business <b>8157 EMERALD FOREST COURT SANFORD, FL 32771</b>			Mailing Address <b>8157 EMERALD FOREST COURT SANFORD, FL 32771</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">41-2216263</div>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MATTHEWS, DONALDS W 7952 NORMANDY BOULEVARD JACKSONVILLE, FL 32221</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MATTHEWS, JR., DONALD W 8157 EMERALD FOREST COURT SANFORD, FL 32771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MATTHEWS, GIOVANNA I 8157 EMERALD FOREST COURT SANFORD, FL 32771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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:  <b>Donald Matthews, Jr</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>8/6/07</b> Daytime Phone #		

ATTACHMENT

40128570

**JAMES J. STRAUSS**

ACCOUNTING PRACTITIONER  
1455 REMOUNT ROAD, SUITE G.  
NORTH CHARLESTON, SC 29406  
(843) 554-9767  
FAX (843) 554-5657

August 3, 2007

State of Florida  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fla. 32302-1500

Ref: Doc # PO6000124585  
Blooming Memories, Inc.  
8157 Emerald Forest Ct  
Sanford, FL 32771

To Whom It May Concern:

Attached here to is the annual report for 2007 and letters from my client and your notice of intent to dissolve dated July 1, 2007. Due to the fact that mr Matthews did not receive a notice prior to your July 1<sup>st</sup> notice to dissolve and it is a new corporation. We are hereby asking for abatement of the 400.00 penalty. Your consideration in this matter would be appreciated.

James J. Strauss A.P.

CC: Donald Matthews

ATTACHMENT  
40128570

To Whom It May Concern: # P06000124585

I have not received any communications pertaining to the Annual Report from the State of Florida. The only communication was the Letter with the "Intent to Dissolve" and that was received on July 1<sup>st</sup> 2007. In addition Jim, our business is not open until later part of this year so no revenue has been generated for fiscal 2007.

Please help in resolving this matter...

08/02/07

Regards,

*Donald Matthews Jr.*

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## Annual Report Online Filing

Document Number P06000124585

Business Entity Name BLOOMING MEMORIES, INC.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances which the entity did not receive prior notice. Please check this box if filing after May and notice was not received.

FEI Number 41 - 2216263

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☒ Yes ☐ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

### Principal Place of Business

Address 8157 EMERALD FOREST COURT (PO Box not acceptable)

Suite, Apt. #, etc.

City, State SANFORD FL

Zip Code &amp; Country 32771

### Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☒ Mailing address same as principal address

Address 8157 EMERALD FOREST COURT

Suite, Apt. #, etc.

City, State SANFORD FL

Zip Code &amp; Country 32771 &lt;INPUT id=ar\_old\_mail\_centry maxLength=2 size=2 value= name=ar\_old\_mail\_centry&gt;

### Name And Address of Registered Agent

40128570

#P06000124585

Name (Last, First, Middle, Title) MATTHEWS DONALDS W

- OR -

Business to serve as RA

Street Address In Florida

8157 emerald ct

(PO Box not acceptable)

Suite, Apt. #, etc.

City, State

SANFORD

, FL

Zip Code &amp; Country

32771

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

## Officer/Director Name And Address

### Name And Address #1

Title

PTD

Name (Last, First, Middle, Title)

MATTHEWS, JR. DONALD

W

- OR -

Entity Name to serve as Officer/Director

Street Address

8157 EMERALD FOREST COURT

City, State

SANFORD

, FL

Zip Code &amp; Country

32771

### Name And Address #2

Title

VSD

Name (Last, First, Middle, Title)

MATTHEWS

GIOVANNA

I

- OR -

Entity Name to serve as Officer/Director

Street Address

8157 EMERALD FOREST COURT

City, State

SANFORD

, FL

Zip Code &amp; Country

32771

- OR -

40128570

# POL000124585

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

President

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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