2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 18, 2008 8:00 am Secretary of State DOCUMENT # P07000004404 1. Entity Name 04-18-2008 90031 050 ***150.00 MADDIE¢S FLOWERS BY THE SEA INC Principal Place of Business Mailing Address 112 S FEDERAL HWAY 112 S FEDERAL HWAY **BOYNTON BEACH FL 33435** BOYNTON BEACH FL 33435 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For Not Applicable $Z_{\rm IP}$ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITNEY, MADELINE Street Address (P.O. Box Number is Not Acceptable) 112 S FEDERAL HWAY **BOYNTON BEACH FL 33435** Zip Code FL 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 Signature, typed or printed harm of registered agent and title 1 amplicable. (NOTE: Registered Agora signature required when reinstating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition WHITNEY, MADELINE NAMÉ NAME 112 S CONGRESS AVE #8 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition 🔲 HAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete TITLE ☐ Change Addition NAME

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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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: MADELEINE WHITNEY Madde In Hard. Hard. Amal 02 Page (56) 7314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP