


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000012023 1. Entity Name KATIE'S HOUSE OF FLOWERS, INC.	
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Principal Place of Business 402 BAYSHORE DRIVE NICEVILLE, FL 32578	Mailing Address 402 BAYSHORE DRIVE NICEVILLE, FL 32578
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U00000561721
05/19/06-80026-003 150.00



DO NOT WRITE IN THIS SPACE

03122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3162844	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 LANOUE, ALAIN 1006 ROCKY BAYOU ROAD NICEVILLE, FL 32578
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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P LANOUE, ALAIN 1006 ROCKY BAYOU RD. NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP LANOUE, ANITA CHRISTINE 1006 ROCKY BAYOU RD. NICEVILLE, FL
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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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: Alain Lanoue ALAIN LANOUE 04-10-2006 PO 687811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #