2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000012301

FILED May 27, 2005 Secretary of State

Entity Name: OUTA MA TREE FLORIST, INC. **Current Principal Place of Business: New Principal Place of Business:** 8555 BUCCANEER SQ TAMPA, FL 33615 **Current Mailing Address: New Mailing Address:** 8555 BUCCANEER SQ TAMPA, FL 33615 FEI Number: 59-3169896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ADWELL, MARION 8555 BUCCANEER SQ TAMPA, FL 33615 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ADWELL, MARION C Name: Name: 9332 ARCHWOOD CIRCLE Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: ADWELL, DON WESLEY Name: ADWELL, DON WESLEY 16521 CAYMAN DRIVE Address: 10506 MARLINGTON PL Address: TAMPA, FL 33624 TAMPA, FL 33626 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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: DON WESLEY ADWELL 05/27/2005 S