


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90006 003 ***150.00

DOCUMENT # P93000045813		
1. Entity Name BOYNTON FLORAL DESIGNS, INC.		

Principal Place of Business 3469 W BOYNTON BEACH BLVD # 4 BOYNTON BEACH, FL 33436 US	Mailing Address 3469 W BOYNTON BEACH BLVD # 4 BOYNTON BEACH, FL 33436 US
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2. Principal Place of Business <i>as above</i>		3. Mailing Address <i>as above</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03102006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0419995	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 BRAMS, DANIEL J 1645 PALM BEACH LAKES BLVD SUITE 1050 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARSON, NORMA P 3469 W BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/06 *561*
Date Daytime Phone # *736-8378*

ATTACHMENT

BOYNTON FLORAL DESIGNS
3469w BOYNTON BEACH BLVD
BOYNTON BEACH, FL. 33436

40095416

#P93000045813

June 7. 2006

Division of Corporations
P.O Box 1500
Tallahassee, Fl 32302-1500

Dear Sir/Madam:

In February 2006 I mailed the annual report and a check in the amount of \$ 150.00. Unfortunately this was returned indicating the form which was downloaded was not complete .

This letter was misfiled , and I have just found it while looking for something else, and to my surprise realize that it was not responded to.

Enclosed please find a completed form together with the check. I apologize for the delay and hope that you will forgive the penalty.

Yours sincerely.


Norma Carson