


**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000057238</b>		<b>Apr 30, 2005 08:00 A</b>	
1. Entity Name <b>BLOOMING GIFTS FLORIST, INC.</b>		<b>Secretary of State</b>	
Principal Place of Business <b>201 DR MLK BLVD N LAKE WALES, FL 33853</b>		Mailing Address <b>201 DR MLK BLVD N LAKE WALES, FL 33853</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04192005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-3192337</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>KIRKLAND, MARION S 600 CARVER DRIVE LAKE WALES, FL 33853</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD KIRKLAND, MARION S 600 CARVER DR LAKE WALES, FL 33853		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCD KIRKLAND, ALBERT SR. 600 CARVER DRIVE LAKE WALES, FL 33853		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Marion S. Kirkland</i>		4-28-05 (863-676-072)	