

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000088066
 1. Entity Name
EXQUISITE FLOWERS, INC.



| | |
|---|---|
| Principal Place of Business 1015 S "M" ST LAKE WORTH, FL 33460 US | Mailing Address 1015 S "M" ST LAKE WORTH, FL 33460 US |
|---|---|

DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 85-0539514 | Applied For Not Applicat |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KLINGEL, JOHN M
 1015 S M STREET
 LAKE WORTH, FL 33460

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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 _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE _____

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| 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 |
|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KLINGEL, JOHN M 1015 S "M" ST. LAKE WORTH, FL 33460 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S STIMELY, CHARLENE 2553 SW 10TH CT BOYNTON BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 05/18/06-80016-003 150.00

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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: *Charlene Stimely Secretary* *4/27/2006*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Layorma Phone # _____