2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005
Secretary of State

DOCUMENT# P96000063814

Entity Name: FLOWER PETALS, INC.

Current Principal Place of Business:

P O BOX 369
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

1057 SE 46TH LOOP
KEYSTONE HEIGHTS, FL 32656

Current Mailing Address:

P O BOX 369
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

1057 SE LOOP
KEYSTONE HEIGHTS, FL 32656

FEI Number: 59-3395812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIXON, HELEN M
350 S LAWRENCE BLVD
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

DIXON, HELEN M
1057 SE 46TH LOOP
KEYSTONE HEIGHTS, FL 32656 US

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: 02/21/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DIXON, HELEN M.
Address: 350 S LAWRENCE BLVD
City-St-Zip: KEYSTONE HEIGHTS, FL

Title: VPD ( ) Delete
Name: DIXON, WILLIAM O
Address: 350 S LAWRENCE BLVD.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DIXON, HELEN M.
Address: 1057 SE 46TH LOOP
City-St-Zip: KEYSTONE HEIGHTS, FL

Title: VPD (X) Change ( ) Addition
Name: DIXON, WILLIAM O
Address: 1057 SE 46TH LOOP
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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 Statutes. 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: HELEN M. DIXON PD 02/21/2005
Electronic Signature of Signing Officer or Director — Date