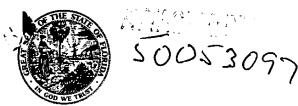
⊿ √2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 31, 2005 8:00 am Secretary of State

, ANTOAL ILL OIST J					, Secretary of State				
DOCUMENT # P97000019167 1. Entity Name FLORAL CREATIONS BY BARBIE, INC.					05-31-2005 90001 004 ***150.00				
				1000					
Principal Plac		Mailing Address							
17262 MELL Jupiter, Fl		17262 MELLEN LANE Jupiter, Fl. 33478				_			
JOI HER, IE	33410	751 HER, 1E 35470			() () () () () ()	5	UU53	097	
2 Principal P	Place of Business	3. Mailing Address							
2. Principal P	62 Miller Long	/>> Mailing Address	Malen	Xand	ااااااالاع				illi ii iilli
Suite, Apt, #, etc. Suite, Apt, #, etc.				727	05112005	Chg-P	CR2E	E034 (10/03)	
Sty & State 1 () () () () () () () () () (-0-2 F
Center Pla. Kniter FL.			Z.		4. FEI Number 65-074]	pplied For at Applicable
Zip Country Of Zip Country			Country,00			of Status Desired	. 🗆	\$8.75 Add	
224	78 WP Dear	- 33478	WKB					Fee Require	d
6. Name and Address of Current Registered Agent 7. Name 9						Address of New	Hegistered	a Agent	
BROOKS, BRUCE A Day						2 13	<u>RDP</u>	12/	2
17262 MELLEN LANE JUPITER, FL 33478				dress (P	S Box Numb	er is Not Ascenda	eller	Ta	rel
JOFFIER,	rL 33470					,			
			C.	18000	Ares >	 	F	Zip Ced	478
8. The above named entity submits this statement for the purpose of changing its registered office or begistered agent, or both, in the State of Florida. Fam familiar with, and accept									
the obligations of registered egent.									
SIGNATURE DANGE DROOMS 5/26/05									
Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 7, 2005 7. Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND D	RECTORS	11.		ADDITIONS,	CHANGES TO O	FFICERS AI	NO DIRECTOR	S IN 11
TITLE	D DOOKS BARRIE	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	BROOKS, BARBIE 17262 MELLEN LANE		NAME STREET ADDRESS						
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
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NAME		L. Delete	NAME					Change	☐ Addition
STREET ADDRESS			STREET ADDRESS						į
CITY-\$1=ZIP			_CITY-ST_ZIP						
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition
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TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAME					_ •	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
	Pertify that the information supplied with t	his filling does not qualify for th	,	ad in Soc	tion 110 07(2)	(i) Florida Statuta	e I further e	artify that the	oformation
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 chapter 607, provided or on an attachment with an address, with all other 44 empowered.									

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 17, 2005

FLORAL CREATIONS BY BARBIE, INC. 17262 MELLEN LANE JUPITER, FL 33478

SUBJECT: FLORAL CREATIONS BY BARBIE, INC.

Ref. Number: P97000019167

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 905A00035235