

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 19, 2007
Secretary of State**

DOCUMENT# P98000058881

Entity Name: FLORIDA WHOLESale FLORIST SUPPLY, INC.

Current Principal Place of Business:

970 SUNSHINE LANE
SUITE J
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

970 SUNSHINE LANE
SUITE J
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3523197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, EMMA
970 SUNSHINE LANE
SUITE J
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

GARCIA, EMMA
970 SUNSHINE LANE
SUITE J
ALTAMONTE SPRINGS, FL 32714 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: EMMA GARCIA 09/19/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ORTIZ, EMMA
Address: 970 SUNSHINE LANE, SUITE J
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: GARCIA, EMMA
Address: 970 SUNSHINE LANE, SUITE J
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EMMA GARCIA VP 09/19/2007
Electronic Signature of Signing Officer or Director Date