

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069921

Entity Name: MAMA FLOWERS INC.

FILED  
Feb 08, 2007  
Secretary of State

## Current Principal Place of Business:

1435 SIMORTON  
KEY WEST, FL 33040

## New Principal Place of Business:

955 CAROLINE STREET  
SUITE #4  
KEY WEST, FL 33040

## Current Mailing Address:

P O BOX 48  
KEY WEST, FL 33040

## New Mailing Address:

955 CAROLINE STREET  
SUITE #4  
KEY WEST, FL 33040

FEI Number: 65-0854209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FEHLIG, CELESTE M  
2919 FOGANTY AVE.  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

FEHLIG, CELESTE M  
2919 FOGARTY AVE.  
KEY WEST, FL 33040 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:

02/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: BROOKS, DAYNA  
Address: 1500 SOUTH STREET  
City-St-Zip: KEY WEST, FL 33040

Title: VPT ( ) Delete  
Name: FEHLIG, CELESTE M  
Address: 2919 FOGARTY  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CELESTE M. FEHLIG

VP

02/08/2007

Electronic Signature of Signing Officer or Director

Date