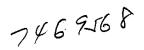
2007 FOR PROFIT CORPORATION ANNUAL REPORT:

Sep 11, 2007 8:00 am Secretary of State 08-01-2007 90035 006 ***150.00 **DOCUMENT # P99000089701** INTERNATIONAL FLOWERS & LINENS, INC. Principal Place of Business Mailing Address 10108 NW 53 ST 10108 NW 53 ST SUNRISE, FL 33351 SUNRISE, FL 33351 66021908 07272007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3609889 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MESA, DIEGO DO NOT WRITE 568 N UNIVERSITY DRIVE PLANTATION, FL. 33324 IN THIS SPACE 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. 9. Election Campaign Financing FILE NOWIII FEE IS \$550.00 \$5.00 May Be Added to Fees Trust Fund Contribution. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE n NAME 8280 CI FARY BLVD. #2809 368 N. UNIVERSIFT MESA, DIEGO STREET ADDRESS CITY-ST-ZIP RLANTATION, EL 33324 DR. PLANTATIONS, FL. TITLE **33324** NAME STREET ADDRESS CITY-ST-ZIP TITLE KALE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MALE STREET ADDRESS COY-ST-ZIP MILE NAME STREET ADDRESS 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 lf chapter 607 and attachment with an address, with all other like empowered.

FILED



PED OR PRINTED NAME OF SIGHING OFFICER OR DIRECTOR

ATTACHMENT 66021908 #199000089701

FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FL 32314

GENTLEMEN:

ENCLOSED IS THE ANNUAL REPORT FORM FOR 2007.

THE ORIGINAL POSTCARD WAS NEVER RECEIVED IN JANUARY, 2007 FOR THE YEAR 2007. PLEASE ACCEPT THE PAYMENT OF \$ 150,00 IN PAYMENT OF THE ANNUAL REPORT FEE.

THE FIRST NOTIFICATION WAS WITH THE CARD STATING AN INTENT TO DISSOLVE.

YOURS TRULY

Delgo Hesa

TO WHOO IT MAY CONCERN: I SPOKE TODAT 9/6/07 WITH OPE OF YOUR REPRESENTATIVES AND SHE SAID TO WRITE BETTER, I WOULD ABBRECIATE IF YOU COULD WAIVE THE LATE FEE, I NEVER RECEIVED THE ORIGINAL REPORT TO FILE ODTIME, ALSO THE REASON TO HAVE TAKEN SO LODG TO RESPOND TO THIS LETTER WAS LEFT IN THE WRONG MAIL BOX ADD THAT UNIT WAS CLOSED FOR ALROST A ROATH APP WAS GIVEN TO DE TODAT 9/6/07 THANK YOU FOR YOUR COOPERATION,

Jugo Mesa