2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000095221

1. Entity Name
KIMBERLY'S FLORIST, INC.

Principal Place of Business	Mailing Address
3531 N FEDERAL HWY BOCA RATON, FL 33431	3531 N FEDERAL HWY BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

02282006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1630403	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NED KIMMELMAN P.A.
~~2424 N FEDERAL HWY~~ 20283 STATE ROAD 7
~~SUITE 167~~ SUITE 300
BOCA RATON, FL ~~33431~~ 33498

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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.

SIGNATURE _Ned Kimmelman_   3/8/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SYLVIS, FRANK P
STREET ADDRESS	3531 NO FEDERAL HWY
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	D
NAME	KIMMELMAN, PAMELA
STREET ADDRESS	3531 NO FEDERAL HWY
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	D
NAME	~~PERSCHL, DEB~~ PESCHL, DEB
STREET ADDRESS	3531 NO FEDERAL HWY
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Frank P. Sylvis President_   FRANK P. SYLVIS   3/8/06   561 392 7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #