


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90034 022 ***150.00

DOCUMENT # S59944	
1. Entity Name FTD-INVESTMENTS, INC.	

Principal Place of Business: 102 NORTH SWINTON AVE DELRAY BEACH, FL 33444	Mailing Address 102 NORTH SWINTON AVE DELRAY BEACH, FL 33444
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94030073



2. Principal Place of Business c/o Seton Company Suite, Apt. #, etc. 101 Eisenhower Pkwy City & State Roseland NJ Zip 07068 Country USA	3. Mailing Address c/o Seton Company Suite, Apt. #, etc. 101 Eisenhower Pkwy City & State Roseland NJ Zip 07068 Country USA
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02272004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0299017	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KEYSER, STEVEN 1515 RINGLING BLVD STE 1000 SARASOTA, FL 34236

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	KALTENBACHER, PHILIP D
STREET ADDRESS	102 N SWINTON AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	STD <input type="checkbox"/> Delete
NAME	CARR, JO ANN K
STREET ADDRESS	102 N SWINTON AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	VD <input type="checkbox"/> Delete
NAME	KALTENBACHER, HELEN
STREET ADDRESS	102 N SWINTON AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALTENBACHER, Philip D
STREET ADDRESS	c/o Seton Company 101 Eisenhower Pkwy
CITY-ST-ZIP	Roseland NJ 07068
TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, JO ANN K
STREET ADDRESS	c/o Seton Company 101 Eisenhower Pkwy
CITY-ST-ZIP	Roseland, NJ 07068
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kaltenbacher Helen
STREET ADDRESS	c/o Seton Company 101 Eisenhower Pkwy
CITY-ST-ZIP	Roseland, NJ 07068
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: 	X 3-3-04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>