

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90143 025 ***150.00

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07032006 Chg-P CR2E034 (11/05)

DOCUMENT # F96000002746			
1. Entity Name 1-800-FLOWERS RETAIL INC.			
Principal Place of Business 1600 STEWART AVE WESTBURY, NY 11590		Mailing Address 1600 STEWART AVE WESTBURY, NY 11590	
2. Principal Place of Business <u>ONE OLD COUNTRY ROAD</u>		3. Mailing Address <u>ONE OLD COUNTRY ROAD</u>	
Suite, Apt. #, etc. <u>SUITE #500</u>		Suite, Apt. #, etc. <u>SUITE #500</u>	
City & State <u>CARLE PLACE, NY</u>		City & State <u>CARLE PLACE, NY</u>	
Zip <u>11514</u>	Country <u>USA</u>	Zip <u>11514</u>	Country <u>USA</u>
4. FEI Number 11-3267496		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>William E Shea</u> 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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME: SHEA, WILLIAM STREET ADDRESS: 9 LISA CT CITY-ST-ZIP: NESCONSET, NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: MCCANN, CHRISTOPHER STREET ADDRESS: 16 PRIVATE RD CITY-ST-ZIP: BAYVILLE, NY 11707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PDC NAME: MCCANN, JANES STREET ADDRESS: 15 WEST DR CITY-ST-ZIP: PLANDOME, NY 11030	<input type="checkbox"/> Delete	TITLE NAME: <u>JAMES MCCANN</u> STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>William E Shea</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	