


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000000920**  
 1. Entity Name  
 800 FLOWERS, INC.



Principal Place of Business ONE OLD COUNTRY ROAD SUITE 500 CARLE PLACE, NY 11514	Mailing Address ONE OLD COUNTRY ROAD SUITE 500 CARLE PLACE, NY 11514
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05072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3329949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC MCCANN, JAMES 15 WEST DR. PLANDOME, NY 11030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCANN, CHRISTOPHER 16 PRIVATE RD BAYVILLE, NY 11707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEA, WILLIAM 9 LISA CT. MESCONSET, NY 11767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000952086  
 06/04/08-80066-012 150.00

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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: *Will - E Shea* 5/19/08 (516) 237-4964

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