


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000037420**  
 1. Entity Name  
**FABULOUS FLOWERS, INC.**



Principal Place of Business      Mailing Address  
**2780 N. FLORIDA AVENUE,**      **P.O. BOX 1401**  
**SUITE 3**      **HERNANDO, FL 34442**  
**HERNANDO, FL 34442**

**DO NOT WRITE IN THIS SPACE**



03012006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**14-1879188**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MCLAUGHLIN, MARGARET L**  
**9090 S. WATERVIEW DRIVE**  
**FLORAL CITY, FL 34438**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	PT MCLAUGHLIN, MARGARET 9090 S. WATERVIEW DR. FLORAL CITY, FL 34438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUTLER, STEFANIE 9051 E. SILVER OAKS TRAIL INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUTLER, STEFANIE 9051 E. SILVER OAKS TRAIL INVERNESS, FL 34450
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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: Margaret L. McLaughlin    3-27-06    352-637-9650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Office Phone #