


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 291436

1. Entity Name
ST IVES INC FLORIDA



Principal Place of Business
13449 N.W. 42 AVE.
MIAMI, FL 33054-4586

Mailing Address
13449 N.W. 42 AVE.
ATTN: CONTROLLER
MIAMI, FL 33054-4586



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|---|
| 4. FEI Number 59-1089469 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GROHOWSKI, KEN
13449 NW 42 AVE
MIAMI, FL 33054

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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 reinstating)

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

U00000439015
 03/01/06-80028-004 317.50

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ANGSTROM, WAYNE R 13449 N.W. 42 AVE. MIAMI, FL 330544586 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD CARUANA, JEANNE 13449 N.W. 42 AVE. MIAMI, FL 330544586 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EDWARDS, BRIAN C 13449 N.W. 42 AVE. MIAMI, FL 330544586 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MURPHY, EDWARD 13449 N.W. 42 AVE. MIAMI, FL 330544586 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS 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: James M. Caruan Date: 1/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #