


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # H61316  
1. Entity Name  
COUNTESS JOY, INC.



Principal Place of Business  
44 COCOANUT ROW, #320-D  
PALM BEACH, FL 33480

Mailing Address  
44 COCOANUT ROW, #320-D  
PALM BEACH, FL 33480

**DO NOT WRITE IN THIS SPACE**



03242006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2793659

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GUTTER, MARVIN  
2101 CORPORATE BLVD  
SUITE 107  
BOCA RATON, FL 33431

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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 reinstalling) DATE \_\_\_\_\_

**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	PVS
NAME	GOODFRIEND, HELEN
STREET ADDRESS	44 COCOANUT ROW, #320-D
CITY-ST-ZIP	PALM BEACH, FL
TITLE	TD
NAME	GOODFRIEND, HELEN
STREET ADDRESS	44 COCOANUT ROW, #320-D
CITY-ST-ZIP	PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000510154  
04/28/06-80072-021 150.00

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IN THIS SPACE**

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: Heleen Goodfriend Date: 4/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR