2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 02, 2006 08:00 Al DOCUMENT # K73704 **Secretary of State** 1. Entity Name PAGE'S PASTIQUES, INC. Principal Place of Business Mailing Address 741 TILDENVILLE SCHOOL RD. 741 TILDENVILLE SCHOOL RD. WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 DO NOT WRITE IN THIS SPACE 02182006 No Cha-P CR2E034 (11/05) 4. FEi Number Applied For 59-2939824 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE PAGE, JENNIFER F. 741 TILDENVILLE SCHOOL ROAD IN THIS SPACE WINTER GARDENS, FL 34787 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) TATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME PAGE, JENNIFER STREET ADDRESS 741 TILDENVILLE SCHOOL CITY-ST-ZIP WINTER GARDEN, FL TITLE NAME BERGMEIER, JUDY STREET ADDRESS 741 TILDENVILLE SCHOOL CITY-ST-ZIP WINTER GARDEN, FL DO NOT WRITE TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE

12. I hereby certify that the information supplied with this filling 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 any address, with all puther like empowered.

SIGNATURE

NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

2/25/2006