


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # M82602
 1. Entity Name
THE BREAST FEEDING BOUTIQUE, INC.



Principal Place of Business Mailing Address
433 PLAZA REAL **1575 SW 4TH CIRCLE**
SUITE 275 **BOCA RATON FL 33486**
BOCA RATON FL 33432



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FCI Number **65-0462881** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
JONES, JENNIFER L
1575 SW 4 CIRCLE
BOCA RATON FL 33486

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P O Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
V	JONES, JR., RICHARD SCOTT	1575 S W 4 CIRCLE	BOCA RATON FL 33486
PD	JONES, JENNIFER	1575 S W 4 CIRCLE	BOCA RATON FL 33486

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Date: **5/3/6** Daytime Phone #: **954 520 0227**