2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

DOCUMENT # N0400005619 1. Entity Name SECRET SANTA, INC.					04-09-2007	90097 008 ****6	51.25
Principal Place of Business Mailing Address 5731 DUNE AVENUE P.O. BOX 34477 PENSACOLA, FL 32507 PENSACOLA, FL 32507					FIRM BEIN FRIN BEIN S	18/4 83181 SPIS SIISI IISIY ISI	1181 BI (TBI
Principal Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 42-163292	22	<u> </u>	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Add	iress of New Reg	gistered Agent	
STROMQUIST, BILL			Name	Name			
5731 DUNE AVENUE PENSACOLA, FL 32507			Street A	Street Address (P.O. Box Number is Not Acceptable)			
			City			Zip Code	
The above named entity submits this statement for the purpose of changing its register.			·	FL			
the obligated in the street of	tions of registered agent. 370 Signature, typed or printed name of registered age	MENIST S	Bill	Spec	1 6.	APAIL O	7
	Signature, typed or printed name or registered age	п, али вне в аррисаце. (NOT)	E: Registered Agent signs	ture required when reinstating)	r	DATE	
	Filing Fee is \$61.25 Due by May 1, 2007		mpaign Financing	\$5.00 May Be Added to Fees		ke check payable to la Department of St	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D	9. Election Car Trust Fund 0	mpaign Financing	\$5.00 May Be Added to Fees	Florid	ke check payable to	ate
TITLE	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D	9. Election Car Trust Fund 0	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Florid	ke check payable to la Department of St	ate
	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D DP STROMQUIST, BILL	9. Election Car Trust Fund 0	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Florid	ke check payable to la Department of St S AND DIRECTORS IN	ate 10
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12. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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 617, Florida Statules; 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: _

IGNATURE AND TYPED OR PRINTED NAME OF SUNING OFFICER OR DIRECTOR

4/6/07

830-492-715)

Daytime Phone #