


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000091912

1. Entity Name
AGADIR GIFT SHOP INC.



Principal Place of Business 3831 WEST VINE STREET #1 KISSIMMEE, FL 34741 US	Mailing Address 3831 WEST VINE STREET #1 KISSIMMEE, FL 34741 US
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DO NOT WRITE IN THIS SPACE



04062006 No Chg-P CR2E034 (11/05)

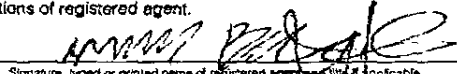
4. FEI Number 03-0478428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOUSELHAM, HASSAN
3831 WEST VINE STREET #1
KISSIMMEE, FL 34741**

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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  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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BOUSELHAM, HASSAN 3831 WEST VINE STREET #1 KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUSELHAM, HASSAN 3831 WEST VINE STREET #1 KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOUSELHAM, HASSAN 3831 WEST VINE STREET #1 KISSIMMEE, FL 34741
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/06-80109-007 150.00

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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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR