


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 28, 2006 08:00 AM  
Secretary of State**

|   |                         |  |
|---|-------------------------|--|
| <b>DOCUMENT # 452423</b><br>1. Entity Name<br><b>OUR WAREHOUSE, INC.</b>  |                         |   |
| Principal Place of Business<br><b>2749 E ATLANTIC BLVD<br/>POMPANO BEACH, FL 33062 US</b>   |                         | Mailing Address<br><b>2749 E ATLANTIC BLVD<br/>POMPANO BEACH, FL 33062 US</b>  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WHITE, RANDOLPH G<br/>371 NW 45TH AVE.<br/>DEERFIELD BEACH, FL 33442</b>  |                         | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                         |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>   |                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS  |                         |  |
| TITLE   | STD                     |  |
| NAME  | WALDRON, SUZETTE        |  |
| STREET ADDRESS  | 2749 E ATLANTIC BLVD    |  |
| CITY-ST-ZIP   | POMPANO BEACH, FL 33062 |  |
| TITLE   | PD                      |  |
| NAME  | WILSON, FRANCES         |  |
| STREET ADDRESS  | 2749 E ATLANTIC BLVD    |  |
| CITY-ST-ZIP   | POMPANO BEACH, FL 33062 |  |
| TITLE   |                         |  |
| NAME  |                         |  |
| STREET ADDRESS  |                         |  |
| CITY-ST-ZIP   |                         |  |
| 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 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 empowers. |                         |  |
| SIGNATURE: <i>Suzette Waldron</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                         | 4-23-06 9549411818<br>Date Daytime Phone #   |



02022006 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1595125</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional<br/>Fee Required</b> |  |

U00000545616  
05/11/06-80084-010 150.00

**DO NOT WRITE  
IN THIS SPACE**