2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006
Secretary of State

DOCUMENT# 459464

Entity Name: LONG'S GIFT SHOP, INC.

Current Principal Place of Business:

700 FIRST STREET SOUTH
WINTER HAVEN, FL 338803605 US

New Principal Place of Business:

Current Mailing Address:

700 FIRST STREET SOUTH
WINTER HAVEN, FL 338803605 US

New Mailing Address:

FEI Number: 59-1568555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LENHART, DENNIS W.
427 CORNWALL RD.
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: LONG, GEORGE A IV
Address: 829 RUGBY STREET
City-St-Zip: ORLANDO, FL 32804

Title: DV ( ) Delete
Name: LONG, CHRISSANNE
Address: 85 LAKE OTIS ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: DP ( ) Delete
Name: LONG, GEORGE A. III,
Address: 85 LAKE OTIS ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: DV ( ) Delete
Name: LOY, ELIZABETH J.,
Address: 327 RAINTREE DRIVE
City-St-Zip: ALTOONA, FL 32702

Title: DST ( ) Delete
Name: SHERMAN, MICHELE
Address: 615 S SADDLE CREEK FARM RD
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change ( ) Addition
Name: LOY, ELIZABETH J.,
Address: 327 RAINTREE DRIVE
City-St-Zip: ALTOONA, FL 32702

Title: DV (X) Change ( ) Addition
Name: SHERMAN, MICHELE
Address: 615 S SADDLE CREEK FARM RD
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE SHERMAN DV 05/11/2006

Electronic Signature of Signing Officer or Director — Date