
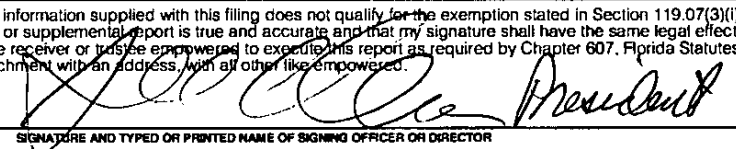


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90107 007 ***158.75

DOCUMENT # 522265					
1. Entity Name PERSONAL GIFTS, INC. OF FLORIDA					
Principal Place of Business 19000 N.E. 5TH AVE. NORTH MIAMI BEACH, FL 33179-3990 US			Mailing Address 19000 N.E. 5TH AVE. NORTH MIAMI BEACH, FL 33179-3990 US		
2. Principal Place of Business P. O. BOX 550759		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FT LAUDERDALE, FL		City & State SAME		4. FEI Number 13-2521743	
Zip 33355		Country USA		Applied For Not Applicable	
Zip 33355		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REESE, JONATHAN 19000 N.E. 5TH AVE. NORTH MIAMI BEACH, FL 33179			7. Name and Address of New Registered Agent Name REESE, JONATHAN Street Address (P.O. Box Number is Not Acceptable) 10304 S. W. 26TH ST. City FT LAUDERDALE FL Zip Code 33324		
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REESE, JONATHAN 19000 N.E. 5TH AVE. NORTH MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10304 S. W. 26th ST FT LAUDERDALE, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REESE, MIRIAM 19000 N.E. 5TH AVE. NORTH MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8500 WEST SUNRISE BLVD #321 PLANTATION, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 4/8/05 Daytime Phone #: 305-903-5344		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JONATHAN REESE - PRESIDENT					