

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90014 033 \*\*\*150.00

**60009442**



01242006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # 854566</b> 1. Entity Name <b>THE PELICAN GIFT SHOP CO., INC.</b>					
Principal Place of Business <b>C/O GENE M. PRANZO</b> <b>230 PARK AVE</b> <b>NEW YORK, NY 10169 US</b>			Mailing Address <b>C/O GENE M. PRANZO</b> <b>230 PARK AVE</b> <b>NEW YORK, NY 10169 US</b>		
2. Principal Place of Business <b>c/o Gene M. Pranzo</b> Suite, Apt. #, etc. <b>60 E. 42nd St. 40th Fl</b>		3. Mailing Address <b>c/o Gene M. Pranzo</b> Suite, Apt. #, etc. <b>60 E. 42nd St. 40th Fl.</b>		4. FEI Number <b>59-2181524</b> Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State <b>New York, New York</b>		City & State <b>New York, New York</b>			
Zip <b>10165-0006</b>		Zip <b>10165-0006</b>			
Country <b>US</b>		Country <b>US</b>			
6. Name and Address of Current Registered Agent  <b>UNITED STATES CORPORATION COMPANY</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DVP TALFORD, RICHARD S. C/O GENE M. PRANZO, 230 PARK AVE 26TH FL NEW YORK CITY, NY 10169 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>c/o Gene M. Pranzo, 60 E. 42nd St.</b> <b>40th Fl., N.Y., N.Y. 10165-0006</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TALFORD, DORIS K. C/O GENE M. PRANZO, 230 PARK AVE 26TH FL NEW YORK CITY, NY 10169 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>c/o Gene M. Pranzo-60 E. 42nd St.</b> <b>40th Fl., N.Y., N.Y. 10165-0006</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PRANZO, GENE M. 230 PARK AVE 26TH FLOOR NEW YORK CITY, NY 10169 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>60 E. 42nd St., 40th Floor</b> <b>New York, New York 10165-0006</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS POTTER, CAROL C/O GENE M. PRANZO, 230 PARK AVE 26TH FL NEW YORK CITY, NY 10169 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>c/o Gene M. Pranzo, 60 E. 42nd St.</b> <b>40th Fl., N.Y., N.Y. 10165-0006</b>	
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	
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 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 empowered.					
SIGNATURE: <u>Gene M. Pranzo, Director</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><u>1/26/06</u> <small>Date</small></span> <span><u>(212) 692-3700</u> <small>Daytime Phone #</small></span> </div>		