2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State
07-29-2004 90002 040 ***558.75

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07142004 Chg-P CR2E034 (10/03)

DOCUMENT # F00000007078

1. Entity Name
IT'S ENGRAVED! GIFTS FROM THE "HEART", INC.

Principal Place of Business	Mailing Address
10 ROCKLAWN RD WESTBOROUGH, MA 01581	10 ROCKLAWN RD WESTBOROUGH, MA 01581

2. Principal Place of Business	3. Mailing Address
303 US 301 Blvd. #21	P. O. Box 10307
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State: Holyoke, MA
Zip: 34205 / Country: Manatee	Zip: 01041-1907 / Country: Hamden

4. FEI Number: 06-1564693 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EHRMANN, PAULINE
2204 NEW YORK AVENUE
TRAILER ESTATES
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE	M	☐ Change ☒ Addition
NAME	DILASCIA, KATHERINE A		NAME	Christopher Parent	
STREET ADDRESS	10 ROCKLAWN RD		STREET ADDRESS	120 Whiting Farms Road	
CITY-ST-ZIP	WESTBOROUGH, MA 01581		CITY-ST-ZIP	Holyoke, MA 01040	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] JULY 21 '04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #