

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90036 047 ***150.00

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1. Entity Name

EVERYDAY CELEBRATIONS, INC.



Principal Place of Business

1 THEALL ROAD
RYE NY 10580

Mailing Address

1 THEALL ROAD
RYE NY 10580

2. Principal Place of Business

445 Hamilton Ave

3. Mailing Address

445 Hamilton Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

White Plains, N.Y.

City & State

White Plains, N.Y.

Zip

10601

Country

USA

Zip

10601

Country

USA

4. FEI Number

55-0876203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MINNETIAN, CHRISTOPHER
STREET ADDRESS ONE ROCKEFELLER PLAZA, 32ND FLOOR
CITY-ST-ZIP NEW YORK NY 10020

TITLE P ☐ Delete
NAME SMITH, SCOTT
STREET ADDRESS 1 THEALL ROAD
CITY-ST-ZIP RYE NY 10580

TITLE V ☐ Delete
NAME BENNETT, WILLIAM
STREET ADDRESS 1 THEALL ROAD
CITY-ST-ZIP RYE NY 10580

TITLE S ☐ Delete
NAME ELKINS, RANDOLPH
STREET ADDRESS 2000 DUKE STREET
CITY-ST-ZIP ALEXANDRIA VA 22314

TITLE T ☐ Delete
NAME HANDLER, SUSAN
STREET ADDRESS 1 THEALL ROAD
CITY-ST-ZIP RYE NY 10580

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 445 Hamilton Ave
CITY-ST-ZIP White Plains, NY 10601

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 445 Hamilton Ave
CITY-ST-ZIP White Plains, NY 10601

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8280 Willow Oaks Corporate Drive
CITY-ST-ZIP Suite 800 Fairfax, VA 22031

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 445 Hamilton Ave
CITY-ST-ZIP White Plains NY 10601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William R Bennett 2/17/05 914-872-2000