## FILED May 30, 2006 8:00 am Secretary of State 05-30-2006 90182 001 \*\*\*300.00

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

l 1. Entity i	UMENT # F04000005  NAME  ROSE FINGERS AND TOES,			03-30-2000 90182 001 ** 300.00
1月7	Charge of Business  Charge of Business  LTON BEACH, FL 32547	Mailing Address 27 FORI WALION BEAC	/ eld H, FL 32547	GEO17573
2. Principal Place of Business 1 3. Malling Address Suite, Apt. 4, etc. Suite, Apt. 4, etc.			ar firely	05192008 Chg-P CB2F034 (11(05)
Fr. u	softon Beach #1	City & State  Walto	Beach	4. FEI Number 31-1587988 Applied For Not Applicable  5. Certificate of Status Desired \$8.75 Additional
B. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  MORRIS, APRIL R 424 GEROLD FORT WALTON BEACH, FL 32547  Name  Street Address (P.O. Box Number is No. Acceptable)  Fee Required  Name  Street Address (P.O. Box Number is No. Acceptable)  Fee Required  Name  Name  Street Address (P.O. Box Number is No. Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familief with, and accept storage of the collegations of registered agent.  SIGNATURE: Replaced Agent dignature required when remarkings.				
10.	LE NOW!! PEE 18 \$150.00 Due by September 6, 2006	9. Election Campa Trust Fund Cont	ign Financing	\$5.00 May Ba In accordance with a COT (CA)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, APRIL R 424 GEROLD FORT WALTON BEACH, FL 32547	Uelebr	TTLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PRESIDENT APRIL COHEN  127 Random Line 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Florida 32547 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AUDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY -ST- ZIP		□ Delicite	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP		Colete	TITLE NAME STREET ADDRESS CITY-ST-DP	Change Addition
12. Ineraby de Indicated of of the corp changed, o	TRE CON ()	illing does not qualify for the and accurate and that my of to execute this report as ill other like empowered.  NAME OF SCHOOL OF THE OR	(O)	pritained in Chapter 1 19. Florida Statutes, I turther certify that the information are the same legisla effect as if made under oath; that I am an officer or director pter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if

ATTACHMENT 66017973

#FO 4000005855

BONNIE E. MORRIS, CPA, INC.
5621 FARTING Dr.

Columbus, Ohio 43213 Phone (614) 863-5730 Fax (614) 863-1812

bonnie@insight.rr.com

May 19, 2006

Department of Corporations P.O.Box 1500 Tallahassee, Fl 32302-1500

Enclosed please find the 2006 For Profit Corporation Annual Report. This letter will serve as written request for a waiver of the \$400.00 late fee. This corporation did not receive the prior annual report notice. In accordance with annual report filings, a waiver is allowed when there is non-receipt of a prior annual report notice. We appreciate your kind attention to this matter. We have enclosed the annual filing fee of \$150.00.

Sincerely,

Bonnie Morris, CP

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SIp:BEM