
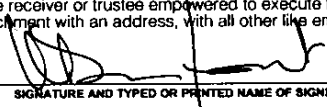


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90072 047 \*\*\*150.00

<b>DOCUMENT # F61752</b> 1. Entity Name <b>CHRISTIAN DU PONT ANTIQUES, INC.</b>					
Principal Place of Business <b>353 PERUVIAN AVE PALM BEACH, FL 33480</b>			Mailing Address <b>353 PERUVIAN AVE PALM BEACH, FL 33480</b>		
2. Principal Place of Business <b>1112A JAMES street</b>		3. Mailing Address <b>P.O Box 3329</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>West PALM BEACH</b>		City & State <b>PALM BEACH</b>		4. FEI Number <b>59-2251609</b>	
Zip <b>FL 33401</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>FL 33480</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DUPONT, CHRISTIAN 353 PERUVIAN AVE PALM BCH, FL 33480</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <del>P.O. Box</del> <b>125 SEAGRAPE CIRCLE</b> City <b>PALM BEACH</b> <b>FL</b> Zip Code <b>33480</b>	
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 reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD DUPONT, CHRISTIAN 353 PERUVIAN AVE PALM BEACH, FL 33480 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O Box 3329 PALM BEACH, FL 33480</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT DUPONT, VIRGINIA 353 PERUVIAN AVE PALM BEACH, FL 33480 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O Box 3329 PALM BEACH, FL 33480</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	
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.					
<b>SIGNATURE:</b>  <b>Virginia DUPONT</b> <b>4.8.06</b> <b>561784192</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					