
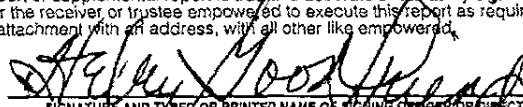


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H61316</b> 1. Entity Name COUNTRESS JOY, INC.		
Principal Place of Business 44 COCOANUT ROW, #320-D PALM BEACH, FL 33480		Mailing Address 44 COCOANUT ROW, #320-D PALM BEACH, FL 33480
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GUTTER, MARVIN 2101 CORPORATE BLVD SUITE 107 BOCA RATON, FL 33431		<b>DO NOT WRITE IN THIS SPACE</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 reinstalling) DATE</small>		
<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		
TITLE	PVS	
NAME	GOODFRIEND, HELEN	
STREET ADDRESS	44 COCOANUT ROW, #320-D	
CITY-ST-ZIP	PALM BEACH, FL	
TITLE	TD	
NAME	GOODFRIEND, HELEN	
STREET ADDRESS	44 COCOANUT ROW, #320-D	
CITY-ST-ZIP	PALM BEACH, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		Date: <u>4/10/06</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>



03242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2793659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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04/28/06-80072-021 150.00

**DO NOT WRITE  
IN THIS SPACE**