

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90081 001 \*3,000.00

66022125



06192006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # J04910</b> 1. Entity Name <b>THE RAG SHOP/WEST PALM BEACH, INC.</b>					
Principal Place of Business <b>POLO MARKET PLACE SHOP PLAZA 770A S MILITARY TRAIL W PALM BEACH, FL 33415 US</b>			Mailing Address <b>THE RAG/WEST PALM BEACH INC 111 WAGARAW RD HAWTHORNE, NJ 07506 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAFFIERI, RONALD 111 WAGARAW ROAD HAWTHORNE, NJ 07506 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Mark Syrstad 111 Wagaraw Road Hawthorne, NJ 07506 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOYKAS, SUSAN 111 WAGARAW ROAD HAWTHORNE, NJ 07506 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Steven B. Barnett 111 Wagaraw Road Hawthorne, NJ 07506 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, SCOTT T 111 WAGARAW ROAD HAWTHORNE, NJ 07506 <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	V LOMBARDO, JUDITH 111 WAGARAW ROAD HAWTHORNE, NJ 07506 <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	D James D. Allen 111 Wagaraw Road Hawthorne, NJ 07506 <input type="checkbox"/> Change <input checked="" 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.					
SIGNATURE: <u>Steven B. Barnett</u>		Steven B. Barnett.		7/11/06 973-423-1303	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	