2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 27, 2006 08:00 AM Secretary of State DOCUMENT # J63614 1. Entity Name RESORT GIFTS BY BENDER, INC. Principal Place of Business Mailing Address % DAVID C. BENDER 11201 122ND AVENUE NORTH, J-211 % DAVID C. BENDER 11201 122ND AVENUE NORTH, J-211 **LARGO FL 33778 LARGO FL 33778** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2806317 Not Applicat Country Ziρ Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENDER, DAVID C. Street Address (P.O. Box Number is Not Acceptable) 11201 122ND AVENUE NORTH J-211 **LARGO FL 33778** City 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 acces 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 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete MILE ☐ Change ☐ Add NAME BENDER, DAVID C. NAME U00000406477 02/07/06-80090-011 150.00 STREET ACORESS STREET ADDRESS 11201 122ND AVE NO.J-211 CITY-ST-ZE **LARGO FL 33778** CITY-ST-ZIP ITEL Delete TITLE ☐ Change □ # 11 MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-73P CRY-ST-ZIP [] Add TITLE ☐ Delete MILE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TRUE Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZIP CHTY-ST-ZIP Delete Change ☐ Ain RIKE NAME NAME STREET ADDRESS STREET ADDRESS CtTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change □ A4 Delete Will NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information does not not in the receiver of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or directly discontinuously on 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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Day, of Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block in the component of th