
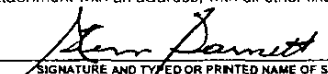


**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

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

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # K05918</b>					
1. Entity Name THE RAG SHOP/BOCA RATON, INC.					
Principal Place of Business THE RAG SHOP CENTER 1616 N. FEDERAL HWY BOCA RATON, FL 33432 US			Mailing Address THE RAG SHOP/BOCA RATON, INC. 111 WAGARAW RD HAWTHORNE, NJ 07506 US		
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 % CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAFFIERI, RONALD		NAME	Mark Syrstad	
STREET ADDRESS	111 WAGARAW ROAD		STREET ADDRESS	111 Wagaraw Road	
CITY-ST-ZIP	HAWTHORNE, NJ 07506		CITY-ST-ZIP	Hawthorne, NJ 07506	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYKAS, SUSAN		NAME	James D. Allen	
STREET ADDRESS	111 WAGARAW ROAD		STREET ADDRESS	111 Wagaraw Road	
CITY-ST-ZIP	HAWTHORNE, NJ 07506		CITY-ST-ZIP	Hawthorne, NJ 07506	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, SCOTT T		NAME		
STREET ADDRESS	111 WAGARAW ROAD.		STREET ADDRESS		
CITY-ST-ZIP	HAWTHORNE, NJ 07506		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDO, JUDITH.		NAME		
STREET ADDRESS	111 WAGARAW RD.		STREET ADDRESS		
CITY-ST-ZIP	HAWTHORNE, NJ.,		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, STEVEN.		NAME		
STREET ADDRESS	111 WAGARAW RD.		STREET ADDRESS		
CITY-ST-ZIP	HAWTHORNE, NJ.,		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		Steven B. Barnett		7/11/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

66022106



06192006 Chg-P CR2E034 (11/05)

4. FEI Number 58-1762382 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required