2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 08, 2007 08:00 AM DOCUMENT # K65931 1. Enlity Name **Secretary of State** CHRISTMAS, ETC., INC. Principal Place of Business Mailing Address 1123 AVON DALE CT. CHRISTMAS, ETC WEST PALM BEACH FL 33409 1201 ALLENDALE RD WEST PALM BEACH FL 33407 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Numbor Applied For City & State City & State 65-0121684 Not Applicat Country Country \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo LAUGHLIN, WILLIAM H. Street Address (P.O. Box Number is Not Acceptable) 1123 AVON DALE CT. WEST PALM BEACH FL 33409 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 access the obligations of registered agent SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title - applicable, FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Add" HHE Dolete ШП LAUGHLIN, HELEN ANNE NAMI NAME U00000628205 02/16/07-80006-005 150.00 1123 AVON DALE CT. STREET ADORESS SHELL ADDRESS WEST PALM BEACH FL 33409 City St 719 CITY ST ZIP □ A.... ☐ Defete HHF ☐ Change mu LAUGHLIN, WILLIAM HERMAN NAME NAM 1123 AVON DALE CT. SIDELL ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 CHY-SI ZIP CHY St 782 Change □ A.... ΜV Delete HILE IIIL LAUGHLIN, WILLIAM A NAM NAM 1243 AVONDALE LANE SIRFE LADDRESS SINEET ADDRESS WEST PALM BEACH FL 33409 CITY ST ZIP CITY ST ZIP Change Delete TA 11111 11111 NAME NAME STREET ADDRESS SIDEL LADORESS CITY ST ZIP COY SE AP ☐ Change □ **ċ**` Delete lill E NAME NAM SHELLADDRESS SIDEL LADDRESS CITY ST 7IP CRY SI-782 ☐ Change □ A ... ☐ Delete Hitt MILE NAME STREET LADDRESS STREET ADDRESS CHY SI ZIP CITY ST ZIP 12. I horoby cortify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Stafutes. 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 eath, that I am an officer or directly 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 if changed, or on an attachment with an address, with all object like empowered

LIAN H. LAUGHLW 2-5-07 561-478-DIRECTOR DAVID DAVID DEVINE PROCES D