2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006
Secretary of State

DOCUMENT# L04000011732

Entity Name: P.R. CORPORATE GIFTS, LLC

Current Principal Place of Business:

1 SW 129 AVE. SUITE 201
PEMBROKE PINES, FL 330271716

New Principal Place of Business:

Current Mailing Address:

1 SW 129 AVE. SUITE 201
PEMBROKE PINES, FL 330271716

New Mailing Address:

FEI Number: 01-0805279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOTKOFF, PATRICIA T
1 SW 129 AVE. SUITE 201
PEMBROKE PINES, FL 330271716 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JOTKOFF, PATRICIA T
Address: 11849 SW 43RD STREET
City-St-Zip: DAVIE, FL 33330

Title: MGRM ( ) Delete
Name: CARLSON, RHONDA
Address: 5333 SW 86TH WAY
City-St-Zip: COOPER CITY, FL 33328

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PATRICIA T JOTKOFF MGRM 03/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date