

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000077459

FILED
Apr 27, 2006
Secretary of State**Entity Name:** HAND MAIDEN SOAPS N GIFTS LLC**Current Principal Place of Business:**18800 US HIGHWAY 301
DADE CITY, FL 33523 US**New Principal Place of Business:****Current Mailing Address:**18800 US HIGHWAY 301
DADE CITY, FL 33523 US**New Mailing Address:****FEI Number:** 20-3097283 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MUCCINO, ROBERT
16731 US HIGHWAY 301
DADE CITY, FL 33523 US**Name and Address of New Registered Agent:**SHOOK, KARYN J RA
16731 HWY 301
#70
DADE CITY, FL 33523 US

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: KARYN J. SHOOK

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: FINLEY-FRIEDRICH, DONNA L
Address: 18800 US HIGHWAY 301
City-St-Zip: DADE CITY, FL 33523 US**ADDITIONS/CHANGES:****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: DONNA L. FINLEY-FRIEDRICH

MGR

04/27/2006

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