## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L40443

Entity Name: ANTIQUES ETCETERA, INC.

FILED Jul 03, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

530 E NEW HAVEN AVE P.O. BOX 22717 530 E NEW HAVEN AVE P.O. BOX 2717 P.O. BOX 2717

MELBOURNE, FL 329022717 MELBOURNE, FL 329022717

Current Mailing Address: New Mailing Address:

530 E NEW HAVEN AVE
P.O. BOX 22717

MELBOURNE, FL 329022717

530 E NEW HAVEN AVE
P.O. BOX 2717

MELBOURNE, FL 329022717

MELBOURNE, FL 329022717

FEI Number: 59-3002373 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HALKIAS, MARTHA M VICE-PR 530 E. NEW HAVEN AVENUE MELBOURNE, FL 32901 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:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VST () Delete Title: VST (X) Change () Addition

 Name:
 HALKIAS, MARDIA
 Name:
 HALKIAS, MARTHA

 Address:
 320 ORLANDO BLVD.
 Address:
 320 ORLANDO BLVD.

 City-St-Zip:
 INDIALANTIC, FL
 City-St-Zip:
 INDIALANTIC, FL

 Name:
 HALKIAS
 OULOS, DENISE
 Name:
 HALKIAS, DENISE

 Address:
 320 ORLANDO BLVD.
 Address:
 320 ORLANDO BLVD.

 City-St-Zip:
 INDIALANTIC, FL
 City-St-Zip:
 INDIALANTIC, FL

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA M. HALKIAS VP 07/03/2006