
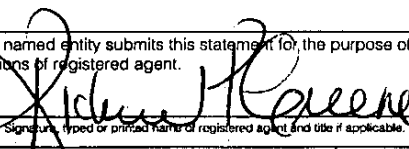
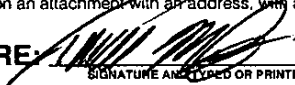


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90046 043 \*\*\*150.00

|   |   |                                 |  |  |  |
|---|---|---------------------------------|--|--|--|
| <b>DOCUMENT # L83144</b><br>1. Entity Name<br>FLORIDA SCHOOLHOUSE GIFT SHOPS, INC.  |   |                                 |  |                             |  |
| Principal Place of Business<br>3981 NW 119TH AVENUE<br>SUNRISE, FL 33323  |   |                                 | Mailing Address<br>RICHARD GREENE<br>2455 SUNRISE BLVD., #905<br>FORT LAUDERDALE, FL 33304   |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |                                 | 3. Mailing Address<br>3981 NW 119th Avenue<br>Suite, Apt. #, etc.  |  |  |
| City & State  |   |                                 | City & State<br>Sunrise, FL  |  |  |
| Zip   |   | Country                         |  | Zip<br>33323   |  |
| Country<br>USA  |   | 4. FEI Number<br>65-0203690     |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   |                                 |  | 01062005 Chg-P CR2E034 (10/03)   |  |
| 6. Name and Address of Current Registered Agent<br><br>GREENE, RICHARD P., ESQ.<br>2455 EAST SUNRISE BLVD.<br>SUITE 905<br>FT LAUDERDALE, FL 33304  |   |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Greene, Richard P.<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>FL 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 accept the obligations of registered agent.   |   |                                 |  |  |  |
| SIGNATURE   |   | Richard P. Greene               |  | 1/12/05  |  |
| (NOTE: Registered Agent signature required when reinstating)  |   | DATE                            |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| <b>FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>  |   |                                 |  |  |  |
| 10. OFFICERS AND DIRECTORS  |   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>DUFFY, TERRENCE M.<br>3981 NW 119 AVE<br>SUNRISE, FL | <input type="checkbox"/> Delete |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>DUFFY, LUCY<br>3981 NW 119 AVE<br>SUNRISE, FL        | <input type="checkbox"/> Delete |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>DUFFY, LUCY<br>3981 NW 119 AVE<br>SUNRISE, FL        | <input type="checkbox"/> Delete |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>DUFFY, LUCY<br>3981 NW 119 AVE<br>SUNRISE, FL        | <input type="checkbox"/> Delete |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>DUFFY, LUCY<br>3981 NW 119 AVE<br>SUNRISE, FL        | <input type="checkbox"/> Delete |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>DUFFY, LUCY<br>3981 NW 119 AVE<br>SUNRISE, FL        | <input type="checkbox"/> Delete |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>DUFFY, LUCY<br>3981 NW 119 AVE<br>SUNRISE, FL        | <input type="checkbox"/> Delete |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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    |   |                                 | Terrence M. Duffy  |  |  |
| (NOTE: Registered Agent signature required when reinstating)  |   |                                 | DATE   |  |  |
| 1-10-2005   |   |                                 | 954 742 7081   |  |  |

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