

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001469

FILED  
May 31, 2006  
Secretary of State

Entity Name: THE WHITE GLOVE GALS, INC.

## Current Principal Place of Business:

18000 SW 288 ST  
HOMESTEAD, FL 33030

## New Principal Place of Business:

## Current Mailing Address:

18000 SW 288 ST  
HOMESTEAD, FL 33030

## New Mailing Address:

FEI Number: 20-2326229      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

TORCISE, GAEL L  
18000 SW 288 ST  
HOMESTEAD, FL 33030      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

## OFFICERS AND DIRECTORS:

Title: P      ( ) Delete  
Name: TORCISE, GAEL L  
Address: 18000 SW 288 ST  
City-St-Zip: HOMESTEAD, FL 33030 US

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S      ( ) Change (X) Addition  
Name: VAN TASSEL, MASON H  
Address: 106 FORD CT  
City-St-Zip: SUMMERVILLE, SC 29483 US

Title: D      ( ) Change (X) Addition  
Name: THOMPSON, LAVONNE  
Address: 29400 SW 202 AVE  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D      ( ) Change (X) Addition  
Name: MANCHA, CHRISTINE  
Address: 18760 SW 296 ST  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D      ( ) Change (X) Addition  
Name: CHAVEZ, TRACY  
Address: 17341 SW 276 ST  
City-St-Zip: HOMESTEAD, FL 33030 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MASON H VAN TASSEL

S

05/31/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date