2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # N0500002642 1. Entity Name EVERY PERFECT GIFT, INC.						04-28-2006	90191 034 ***	*61.25
2984 WELLINGTON CIRCLE WEST			Mailing Address 2984 WELLINGTON CIRCLE WEST TALLAHASSEE, FL 32309		500172 4 1			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				hg-NP	CR2E037 (11/0	5)
City & State		City & State		4. FEI Numbes 75-31	9007	6	Applied For Not Applicable	
Zip	Country	Zip	Cou	intry	5. Certificate of S		□ \$8.75 Fee Requ	Additional iired
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New R	egistered Agent	
DETERM	MEATHED			Name				
DEJESUS, HEATHER 2984 WELLINGTON CIRCLE WEST TALLAHASSEE, FL 32309				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip C	ode
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere	ed office or regis	tered agent, or both, in	the State of Flo	orida. I am familiar w	ith, and accept
SIGNATURE.	all over on Dod	NIA					4/26106	
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered	d Agent signature requi	red when reinstating)		DATE	
SIGNATURE .	Signature, typed or printed name of registered agents Filling Fee is \$61.25 Due by May 1, 2006	and title if applicable. (NOT 9. Election Car Trust Fund (npaign F	inancing	\$5.00 May Be Added to Fees		DATE ake check payablida Department of	
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.2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PRIOR WITH AN ADDRESS, WITH All OUTIES LINE CHIPCHICAL STATEMENT OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 (850)228-9102 Dale Dayline Phone #