


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90191 034 ****61.25

DOCUMENT # N05000002642	
1. Entity Name EVERY PERFECT GIFT, INC.	

Principal Place of Business 2984 WELLINGTON CIRCLE WEST TALLAHASSEE, FL 32309	Mailing Address 2984 WELLINGTON CIRCLE WEST TALLAHASSEE, FL 32309
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50017241



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04192006 Chg-NP CR2E037 (11/05)

4. FEI Number 75-319 0076	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEJESUS, HEATHER 2984 WELLINGTON CIRCLE WEST TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 *Heather Dejesus* DATE 4/26/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEJESUS, HEATHER 2984 WELLINGTON CIRCLE WEST TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT (P)/(T) <input type="checkbox"/> Change <input type="checkbox"/> Addition HEATHER DEJESUS - D 2984 WELLINGTON CIRCLE WEST TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPANO, ROSS 2984 WELLINGTON CIRCLE WEST TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT (V) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DEBBIE SKELTON - D 2063 PLANTATION FOREST DRIVE TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRELL, DELLA 2984 WELLINGTON CIRCLE WEST TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (S) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAN FOLEY - D 252 ROBINHOOD COURT TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YONTA, CHRISTY 2984 WELLINGTON CIRCLE WEST TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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: *Heather Dejesus* DATE 4/25/06 (850) 228-9102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR