

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002247

FILED  
Feb 20, 2012  
Secretary of State

Entity Name: THE GIFT HOUSE, INC.

**Current Principal Place of Business:**

259 NE AIROSO BLVD  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

259 NE AIROSO BLVD  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

FEI Number: 80-0691892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AYUSO, CARMEN I  
259 NE AIROSO BLVD  
PORT ST LUCIE, FL 34983 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  
Name: AYUSO, CARMEN I  
Address: 259 NE AIROSO BLVD  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP  
Name: ALARCON, SARA  
Address: 126 SW GRIMALDO TERR  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: ASSI  
Name: AYUSO, Omayra Y  
Address: 259 NE AIROSO BLVD  
City-St-Zip: PSL, FL 34983

I hereby 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 all other like empowered.

SIGNATURE: CARMEN IVETTE AYUSO

P

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date