2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2006 8:00 am Secretary of State

| Principal Place of Business 336 S COUNTY RD. PAID REACH FL 33480 | DOCUMENT # P0000003785 1. Entity Name PREPPY GIRL CORPORATION | | | | | | | 90147 008 ***150 | | |
|--|--|--|---|--------------------|-------------------------|-------------|--------------------------------|------------------|------------|--|
| 336.S. COUNTY RD. PALM BEACH, FL. 33480 | Principal Place of Pusingers Mailing Address | | | | I | - n.w- | | | | |
| Suite, Apil If, etc. Suite, Apil III, etc. Suite, Apil III, etc. City & State City & St | 336 S. COUNTY RD. | | 336 S. COUNTY RD. | | | | DOM: POSS BOSS RUSS BOS | | | |
| City & State City & State Country Co | 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Supplied | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01052006 | Chg-P | CR2E034 (11/05) | | |
| ORRICO, CASSANDRA 336 S. COUNTY RD. PALM BEACH, FL 33480 10. OFFICERS AND DIRECTORS 11. ADDITIONS OFFICERS AND DIRECTORS IN 11. TITE ORRICE, CASSANDRA 36 S. COUNTY RD. OFFICERS AND DIRECTORS 11. ADDITIONS OFFICERS AND DIRECTORS IN 11. TITE ORRICE, CASSANDRA 36 S. COUNTY RD. ORRICE, CASSANDRA 37 SIRRET AUGRESS OTH-51-2P PALM BEACH, FL 33480 Deele TITE NAME SIRRET AUGRESS OTH-51-2P PALM BEACH, FL 33480 Deele TITE NAME SIRRET AUGRESS OTH-51-2P PALM BEACH, FL 33480 Deele TITE NAME SIRRET AUGRESS OTH-51-2P TITE NAME SIRRET AU | City & State | | , | | i i | | | ···· | | |
| Name Sirest Address (P.O. Box Number is Not Acceptable) | Zip | | | Coun | itry | | | Fee Require | | |
| Sirect Address (P.O. Box Number is Not Acceptable) | | 6. Name and Address of Current | Registered Agent | | Nama | 7. Name and | Address of New R | legistered Agent | | |
| B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICER IS \$150.00 After May 1, 2006 Fee will be \$550.00 After May 1, 2006 Fee will be \$550.00 After May 1, 2006 Fee will be \$550.00 SIRET ADDRESS ONLY RD. ORRICE, KATHY SIRET ADDRESS ONLY RD. ORRICE, CASSANDRA SIRET ADDRESS ONLY RD. ORRI | 336 S. COUNTY RD. | | | | | | | | | |
| SIGNATURE Signature Signa | | | | | City | | | FL Zip Cod | le | |
| After May 1, 2006 Fee will be \$50.00 Trust Fund Contribution. Added to Fees Spelling 10. OFFICERS AND DIRECTORS 11. ADDITIONS OF ANGES TO OFFICERS AND DIRECTORS IN 11 TILE ORRICE, KATHY STREET ADDRESS 336 S. COUNTY RD. Delete MAME STREET ADDRESS 336 S. COUNTY RD. Delete TITLE Delete Delet | the obligations of registered agent SIGNATURE | | | | | | | | | |
| TITLE VP ORRICE, KATHY STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 TITLE NAME ORRICE, CASSANDRA STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME | LIFE HOMIL LEE 19 \$ 130.00 | | | | | | Spell | ling | | |
| NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRES | 1 | | | 11. | 1 | | PHANGES TO OFF | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET AODRESS | ORRICE, KATHY 336 S. COUNTY RD. | ☐ Delete | NAM STRE | EET ADDRESS | Orrico, | | TRANSE 33 480 | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS | ORRICE, CASSANDRA 336 S. COUNTY RD. | ☐ Delete | NAM STRI | EET ADDRESS | P 136 | S A | tifd - | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TO Change Addition Addition Addition Change Addition Addition Change Addition Change Addition Change CITY-ST-ZIP | NAME STREET ADDRESS | | ☐ Defete | NAM STRI | EET ADDRESS | VP Ord | co, Colleer 30 S. Court | | Addition | |
| NAME STREET ADDRESS CHY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CHY-ST-ZIP CHANGE STREET ADDRESS CHY-ST-ZIP CHANGE STREET ADDRESS CHY-ST-ZIP TITLE CHANGE Addition NAME STREET ADDRESS CHY-ST-ZIP | NAME STREET ADDRESS | · | ☐ Delete | NAM STRI | eet address | | • | | ☐ Addition | |
| NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | NAME STREET ADDRESS | | ☐ Delete | NAM STRI | eet address | | | ☐ Change | ☐ Addition | |
| | NAME STREET ADDRESS CITY-ST-ZIP | | | NAM STR CITY | eet address (+ST-ZIP | | | | | |

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 sustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR