DOCUMENT # P0000011169

1. Entity Name

DELIGHTFUL DESIGNS GIFTS, INC.

Principal Place of Business

2. Principal Place of Business

6611 SALEM

Mailing Address

6611 SALEM ROAD NORTH LAUDERDALE FL 33068 6611 SALEM ROAD

NORTH LAUDERDALE FL 33068

FILED Apr 25, 2001 8:00 am Secretary of State

04-25-2001 90036 049 ***158.75



Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State N. LA	UDERDA	LE FL	City & State FT. LOUDER	DALE F	-L 4. F	5-0982.	230	<u> </u>	olied For Applicable
330	68	U.s.A.	33309	Country V.S.	V.S.A 5. Certificate of Status Desired Fee Required				tional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
HENRY, HELEN HARDY 6611 SALEM 1048 NORTH LAUDERDALE FL 33068					Name Name Street Address (P.O. Box Number is Not Acceptable)				
NORTH EAGDENDALE PE 33000							FL	Zip Code	
P. The shave named entity submits this statement for the purpose of changing its register					rogistored ag	ant or both in the State	of Florida	I	
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.									
SIGNATURE									
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After MAY 1, 2001 Fee Make Check Payable to D					50.00	10. Election Campaig Trust Fund Contri		\$5.00 Added	0 May Be to Fees
11.	11. OFFICERS AND DIRECTORS 12.					DITIONS/CHANGES TO			IN 11
TITLE	D		☐ Delete	TITLE	11400	1- HENRY, SALEM	HEIEN	Change	Addition
NAME	HENRY, HELEN	I HARDY		NAME	Link	1-110000	110000	•	
STREET ADDRESS	6611 SALEM-R			STREET ADDRESS	6611	SALEM			
CITY-ST-ZIP	NORTH LAUDE	RDALE FL 33068		CITY-ST-ZIP	l.				
TITLE	D		Delete	TITLE	HARN	-HENRY, SALEM	PAUL	Change Change	Addition
NAME	HENRY, PAUL			NAME	111110	1-11-141-1		•	
STREET ADDRESS	OUT SALEM TIOAD				6611	SALEM			
CITY-ST-ZIP	NORTH LAUDE	RDALE FL 33068		CITY-ST-ZIP		B. B			
TITLE	D		Delete	TITLE	ļ			Change	☐ Addition
NAME	THOMPSON, J	OAN	•	NAME					
STREET ADDRESS	6611 SALEM R			STREET ADDRESS					
CITY-ST-ZIP		RDALE FL 33068		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE	D		☐ Delete	TITLE				Change	☐ Addition
NAME CTOTET ADDOCCO	GOOMBS, LOV			NAME STREET ADDRESS	6611	SALEM			
STREET ADDRESS CITY-ST-ZIP	6611 SALEM F			CITY-ST-ZIP	••••	-			l
	NURTH LAUDE	RDALE FL 33068							
TITLE			☐ Delete	TITLE	1			☐ Change	Addition
NAME STREET ADDRESS	1			NAME STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP			•		
			——————————————————————————————————————		ļ			CT Chance	
TITLE	}		☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS				NAME STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
40 (1)			11.7. PD 1		L	440.07(0)(1) FI 11 O			

190133

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 DIRECTO

HARDY-HENRY

954-984-5962

Daytime Prione #

CR2E034 (10/