


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90266 016 \*\*\*150.00

<b>DOCUMENT # P00000023545</b>					
<b>1. Entity Name</b> THE GIFT HUNTERS, INC.					
<b>Principal Place of Business</b> 435 S. RIDGEWOOD AVE., #210 DAYTONA BEACH, FL 32114			<b>Mailing Address</b> 435 S. RIDGEWOOD AVE., #210 DAYTONA BEACH, FL 32114		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01262005    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 59-3627190				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
ROBAUS, JAMES A 435 S. RIDGEWOOD AVE., #210 DAYTONA BEACH, FL 32114				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL    Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11</b>		
<b>TITLE</b> P	<b>NAME</b> ROBAUS, SUSAN L		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 435 S RIDGEWOOD AVE. # 210	DAYTONA BEACH, FL 32114			<b>NAME</b> JAMES A. ROBAUS	
<b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32114				<b>STREET ADDRESS</b> 435 S. RIDGEWOOD AVE #210	
<b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32114				<b>CITY-ST-ZIP</b> DAYTONA BEACH, FL 32114	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete			<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP				<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete			<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP				<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete			<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP				<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete			<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP				<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete			<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP				<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>James A. Robaus</i>			2-3-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		