


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90014 001 ***150.00

DOCUMENT # P00000053189	
1. Entity Name MRS. BLUMIE'S PORCELAIN DOLL STUDIO, INC.	

Principal Place of Business 203 N RIDGEWOOD DR FEAR SEBRING FL 33870	Mailing Address 414 LAKE FRANCIS RD LAKE PLACID, FL 33852
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2. Principal Place of Business 207 N. Ridgewood Dr Suite, Apt. #, etc.	3. Mailing Address 414 Lake Francis Rd Suite, Apt. #, etc.
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City & State Sebring	City & State Lake Placid
Zip F1.	Country 33870
Zip F1.	Country 33852



01312006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1019001	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BLUMENTAL, CATHERINE M 414 LAKE FRANCIS RD LAKE PLACID, FL 33852	
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUMENTHAL, CATHERINE 414 LAKE FRANCIS ROAD LAKE PLACID, FL 33852 <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
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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 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.

Car Blumenthal 3/18/06