

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90125 045 ***150.00

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01102006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000082380 1. Entity Name BLUE ROSE SECRETS & GIFTS, INC.					
Principal Place of Business 910 WEEDON DRIVE NE ST PETERSBURG, FL 33702			Mailing Address 910 WEEDON DRIVE NE ST PETERSBURG, FL 33702		
2. Principal Place of Business 5543 Fairway Dr. Suite, Apt. #, etc.		3. Mailing Address 5543 Fairway Dr. Suite, Apt. #, etc.			
City & State Ridge Manor, FL Zip Country 33523 USA		City & State Ridge Manor, FL Zip Country 33523 USA		4. FEI Number 54-2167204 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MCGUINNESS, ROSALIE 910 WEEDON DRIVE NE ST PETERSBURG, FL 33702				7. Name and Address of New Registered Agent Name McGuinness, Rosalie Street Address (P.O. Box Number is Not Acceptable) 5543 Fairway Dr. City Ridge Manor FL Zip Code 33523	
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: <u><i>Rosalie McGuinness</i></u> DATE: <u>3/31/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGUINNESS, ROSALIE 910 WEEDON DRIVE NE ST PETERSBURG, FL 33702	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5543 Fairway Dr. Ridge Manor, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGUINNESS, REBECCA 1830-102 OAK HILL EAST CLEARWATER, FL 33764	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2277 Republic Dr. Dunedin, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONNOLLEY, JOHN J 136 NE 19TH COURT FT. LAUDERDALE, FL 33305	<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	FT. LAUDERDALE, FL 33305	<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	FT. LAUDERDALE, FL 33305	<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	FT. LAUDERDALE, FL 33305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <u><i>Rosalie McGuinness</i></u> DATE: <u>3/31/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					