


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2005 08:00
Secretary of Stat

DOCUMENT # P01000059490 1. Entity Name GIFT TOWN, INC.	
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Principal Place of Business 74 BANKHEY ST., BLACKPOOL, ENGLAND FY1 4PX, UNITED KINGDOM, XX	Mailing Address 74 BANKHEY ST., BLACKPOOL, ENGLAND FY1 4PX, UNITED KINGDOM, XX
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08062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0353318	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HAROON, MOHAMMED 74 BANKHEY ST., BLACKPOOL, ENGLAND FY1 4PX, UNITED KINGDOM,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HAROON, FARZANA 74 BANKHEY ST., BLACKPOOL, ENGLAND FY1 4PX, UNITED KINGDOM,
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08/18/05-80002-007 158.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: M. Haroon **MOHAMMED HAROON** 08/09/05 44161833409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #