2005 FOR PROFIT-CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000120975

1. Entity Name

SECRETLY YOURS ENTERPRISES, INC.



Principal Place of Business

771 VILLAGE BLVD.

SUITE 213

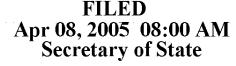
WEST PALM BEACH, FL 33409

Mailing Address

771 VILLAGE BLVD.

SUITE 213

WEST PALM BEACH, FL 33409





04052005

No Cha-F

CR2E034 (10/03)

4. FEI Number 01-0549960

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

	or realing and Address or Content to give				
STOREY, ROBERT W 6906 N. 151ST COURT PALM BEACH GARDENS, FL 33418			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the pations of registered agent.	urpose of changing its registere	d office or	egistered agent, or bo	oth, in the State of Florida. 1 am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and Hile &	f applicable (FICTE, Rogisleved	Agent signatur	required when remata(mg)	DATE
File Now!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST ZIP	P STOREY, ROBERT W 6906 N. 151ST COURT PALM BEACH GARDENS, FL 33418				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOREY, JODI L 6906 N. 151ST COURT PALM BEACH GARDENS, FL 33418				.100000292794 04/08/05-80001-025 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GRACIE-WARCH, ANN MARIE 1031 SHADY LAKES CIRCLE PALM BEACH GARDENS, FL 33418			DO	NOT WRITE
TITLE KAME STREET ADDRESS CITY ST ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST ZIP					
TITLE NAME					

12. Thereby 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.

CICMATIDE

STREET ADDRESS CITY-ST ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale

Daytime Phone #