

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 08, 2005 08:00 AM  
Secretary of State

|                                                                               |                                                                                   |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P01000120975<br>1. Entity Name<br>SECRETLY YOURS ENTERPRISES, INC. |  |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                            |                                                                                |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br>771 VILLAGE BLVD.<br>SUITE 213<br>WEST PALM BEACH, FL 33409 | Mailing Address<br>771 VILLAGE BLVD.<br>SUITE 213<br>WEST PALM BEACH, FL 33409 |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|



04052005 No Chg-P CR2E034 (10/03)

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|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FCI Number<br>01-0549960                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>STOREY, ROBERT W<br>6906 N. 151ST COURT<br>PALM BEACH GARDENS, FL 33418 |
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when re-stating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                         |                                                                                         |
|----------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>STOREY, ROBERT W<br>6906 N. 151ST COURT<br>PALM BEACH GARDENS, FL 33418            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>STOREY, JODI L<br>6906 N. 151ST COURT<br>PALM BEACH GARDENS, FL 33418              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>GRACIE-WARCH, ANN MARIE<br>1031 SHADY LAKES CIRCLE<br>PALM BEACH GARDENS, FL 33418 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                         |

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04/08/05-80001-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 any other like empowered.

SIGNATURE: *Ann Marie Gracie-Warch* 4/5/05 5616978818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #