


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000006820 1. Entity Name TRULY YOURS UNIQUE PARTIES & GIFTS, INC.	
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Principal Place of Business 10325 SW 50TH ST COOPER CITY, FL 33328	Mailing Address 10325 SW 50TH ST COOPER CITY, FL 33328
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DO NOT WRITE IN THIS SPACE



05052004 No Chg-P CR2E034 (10/03)

4. FE# Number 80-0024922	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

**SHOWELL, MARIE
10325 SW 50TH ST
COOPER CITY, FL 33328**

**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 \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000160425 05/14/04-800003-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D,P SHOWELL, MARIE 10325 SW 50TH ST COOPER CITY, FL 33328
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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: Marie Showell, Pres. 4-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #