


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000068171</b> 1. Entity Name GIFT MARKETING ALLIANCE, INC.		
Principal Place of Business 3700 N HARBOR CITY BLVD 2-E MELBOURNE, FL 32935	Mailing Address 3700 N HARBOR CITY BLVD 2-E MELBOURNE, FL 32935	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent  PATTERSON, DAVID R 519 A N HARBOR CITY BLVD MELBOURNE, FL 32935		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLTZCLAW, EMMITT JR 374 CARMEL DRIVE MELBOURNE, FL 32940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLTZCLAW, EMMA 374 CARMEL DRIVE MELBOURNE, FL 32940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
<b>SIGNATURE:</b> <u><i>Emmitt Holtzclaw</i></u> <span style="float: right;"><u>01-19-06</u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>03-0465984</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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02/01/06-80003-006.150.00