## **2008 FOR PROFIT CORPORATION**

## May 02, 2008 8:00 am Secretary of State ANNUAL REPORT 05-02-2008 90160 026 \*\*\*150 00 **DOCUMENT # P02000079586** GREAT 4 GIFTS, INC. Principal Place of Business Mailing Address 10982 N.W.70TH COURT 10982 N.W.70TH COURT PARKLAND, FL 33076 PARKLAND, FL 33076 04252008 CR2E034 (11/05) Applied For 4. FEI Number 42-1543717 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required ----- 6. Name and Address of Current Registered Agent DO NOT WRITE FRAND, TAMMY 10982 N.W. 70TH COURT PARKLAND, FL 33076 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE FRAND, TAMMY NAME STREET ADDRESS 10982 N.W. 70TH COURT CITY-ST-ZIP PARKLAND, FL 33076 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 filling 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 discrete empowered to effective 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 attackment with an address, with an other like emigrowered.

G OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daylime Phone #