
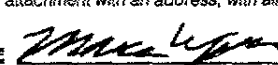


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # P02000126831		
1. Entity Name J & S GIFTS ETC, INC.		
Principal Place of Business 23353 LAGO MAR CIRCLE BOCA RATON, FL 33433		Mailing Address 23353 LAGO MAR CIRCLE BOCA RATON, FL 33433
DO NOT WRITE IN THIS SPACE		
		02062007 No Chg-P CR2E034 (11/05)
		4. FEI Number 06-1662167 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WAGNER, MARC 23353 LAGO MAR CIRCLE BOCA RATON, FL 33433		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000654124 03/13/07-80049-012 150.00
10. OFFICERS AND DIRECTORS		
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	WAGNER, MARC	
STREET ADDRESS	23353 LAGO MAR CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VD	
NAME	WAGNER, MICHAEL	
STREET ADDRESS	1613 PUERTO BLVD.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	SD	
NAME	WAGNER, SEYMOUR	
STREET ADDRESS	1613 PUERTO BLVD.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	TD	
NAME	WAGNER, BEVERLY	
STREET ADDRESS	23353 LAGO MAR CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
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.		
SIGNATURE:  MARC WAGNER		3/27/07 561-542-2583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #