## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 24, 2006 08:00 AM **Secretary of State** DOCUMENT # P02000133769 1. Entity Name EUNICE BRIDAL, INC. Principal Place of Business Mailing Address **617 ORANGE AVE 617 ORANGE AVE** FT PIERCE, FL 34950 FT PIERCE, FL 34950 01312008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1097601 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEE, YOUNG M DO NOT WRITE 617 ORANGE AVE FT PIERCE, FL 34950 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 registured agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000445681 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **\$5.00** May Be 03/07/06-80058-017 158.75 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LEE, YOUNG M NAME 617 ORANGE AVE STREET ADORESS City-St-ZiP FT PIERCE, FL 34950 TITLE NAME STREET ADDRESS City-St-Zip TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZYP TITLE NAME STREET ADDRESS CITY-ST-IN TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THEED OR PRIM ED NAME OF SIGNING OFFICER OR DIRECTOR

120/06

(771)468-4883)

**FILED**