
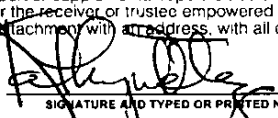


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90076 026 \*\*\*150.00

<b>DOCUMENT # P03000012678</b> 1. Entity Name <b>KATHY'S GIFT BOX, INC</b>					
Principal Place of Business <b>10329 CROSS CREEK BOULEVARD SUITE K TAMPA, FL 33647 US</b>			Mailing Address <b>10329 CROSS CREEK BOULEVARD SUITE K TAMPA, FL 33647 US</b>		
2. Principal Place of Business - No P.O. Box # <b>10353 Cross Creek Blvd.</b>		3. Mailing Address <b>10353 Cross Creek Blvd.</b>			
Suite, Apt. #, etc. <b>Suite B</b>		Suite, Apt. #, etc. <b>Suite B</b>			
City & State <b>TAMPA, FL.</b>		City & State <b>TAMPA, FL.</b>			
Zip <b>33647</b>		Zip <b>33647</b>			
Country <b>FL/1800000h</b>		Country <b>FL/1800000h</b>		07062007 Chg-P CR2E034 (12/06)	
4. FEI Number <b>35-2195461</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>VELEZ, KATHRYN J 10353 CROSS CREEK BOULEVARD SUITE B TAMPA, FL 33647</b>	
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>				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 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VELEZ, KATHRYN J</b> <b>10329 CROSS CREEK BOULEVARD SUITE K</b> <b>TAMPA, FL 33647</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>VELEZ, PATRICIO J</b> <b>10329 CROSS CREEK BOULEVARD SUITE K</b> <b>TAMPA, FL 33647</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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>  <b>KATHRYN J. Velez - Pres.</b> <b>7/10/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					