

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90383 047 ***150.00

DOCUMENT # P03000015210 1. Entity Name UNWRAP THE PARTY, INC.			
Principal Place of Business 2808 US 27 N SEBRING, FL 33870		Mailing Address 2808 US 27 N SEBRING, FL 33870	
2. Principal Place of Business - No P.O. Box # 5329 IVORY DR. Suite, Apt. #, etc.		3. Mailing Address 5329 IVORY DR. Suite, Apt. #, etc.	
City & State Sebring, FL Zip Country 33875 USA		City & State Sebring, FL Zip Country 33875 USA	
4. FEI Number 16-1653370		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIRSH, DEBRA 2808 US 27 N SEBRING, FL 33870		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5329 IVORY DRIVE City SEBRING FL 33875	
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)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIRSH, DEBRA 2808 US 27 N SEBRING, FL 33870	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIRSH, RICHARD 2808 US 27 N SEBRING, FL 33870	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5329 IVORY DR. Sebring, FL 33875	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	5329 IVORY DR. Sebring, FL 33875	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>NO Hirsh, Pres. Debby Hirsh</u>		Date <u>4/25/08</u>	Daytime Phone # <u>386-4417</u>