

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90011 048 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |                                                                                                                     |                                                                                                                                                                             |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000036611</b><br>1. Entity Name<br><b>THE HAVEN GALLERY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                                                                                     |                                                                                                                                                                             |  |  |
| Principal Place of Business<br><b>602 E. 5TH. AVENUE<br/>MOUNT DORA, FL 32757</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |                                                                                                                     | Mailing Address<br><b>602 E. 5TH. AVENUE<br/>MT. DORA, FL 32757</b>                                                                                                         |                                                                                   |  |
| 2. Principal Place of Business<br><b>4045 N.W. 16th STREET<br/>SUITE 111</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  | 3. Mailing Address<br><b>4045 N.W. 16th STREET<br/>SUITE 111</b>                                                    |                                                                                                                                                                             |                                                                                   |  |
| City & State<br><b>FT. LAUDERDALE FL.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  | City & State<br><b>FT. LAUDERDALE, FL.</b>                                                                          |                                                                                                                                                                             |                                                                                   |  |
| Zip<br><b>33313</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  | Country<br><b>USA</b>                                                                                               |                                                                                                                                                                             | Zip<br><b>33313</b>                                                               |  |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  | 4. FEI Number<br><b>13-4245850</b>                                                                                  |                                                                                                                                                                             |                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |                                                                                                                     |                                                                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PARISI, PETER P<br/>4045 NW 16TH STREET<br/>FT. LAUDERDALE, FL 33313</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                                                                                     | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |                                                                                   |  |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                                                                                                     |                                                                                                                                                                             |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                             |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>PRES<br/>ESTRADA, ANGELA<br/>75 E KISSIMEE ROAD<br/>LINDENHURST, NY 11757</b> |                                                                                                                     | <input type="checkbox"/> Delete                                                                                                                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                  |                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                  |                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                  |                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                  |                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <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. |                                                                                  |                                                                                                                     |                                                                                                                                                                             |                                                                                   |  |
| <b>SIGNATURE:</b>  <b>President</b> <b>3/16/06 (954) 496-0066</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |                                                                                                                     |                                                                                                                                                                             |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                                                                                                     |                                                                                                                                                                             |                                                                                   |  |