2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2007 08:00 Al Secretary of State DOCUMENT # P03000042728 1. Entity Name BELGIAN LACE GIFTS, INC. Principal Place of Business Mailing Address 801 E. DANIA BCH BLVD., #58 801 E. DANIA BCH BLVD., #58 DANIA BCH, FL 33004 DANIA BCH, FL 33004 04242007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 55-0847186 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent POTTER, JULIE DO NOT WRITE 801 E. DANIA BCH BLVD., #58 DANIA BCH, FL 33004 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE POTTER, JULIE NAME STREET ADDRESS 801 E. DANIA BCH BLVD., #58 DANIA BCH, FL 33004 CITY - ST - ZIP U00000737249 05/11/07-80021-006 150.00 TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby cartify that the information supplied with this filling 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.

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED