### 2006 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # P03000085094**

1. Entity Name

DOLLAR STORE GALORE.COM, INC.



FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

1426 GULF TO BAY BLVD

SUITE E

CLEARWATER, FL 33755 US

Mailing Address

1426 CULF TO BAY BLVD STE E

SUITE E

CLEARWATER, FL 33755 US



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01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0126462 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTHOLOMEW, JOHN 1426 GULF TO BAY BLVD STE E CLEARWATER, FL 33755

## DO NOT WRITE IN THIS SPACE

the obligat . SIGNATURE_	ions of registered agent.			th, in the State of Florida. I am famillar with, and accept
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registere	d Agent signature required when reinstating)	DATE
FiLE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		000000528290 05/05/06-80031-022 150.00
10. OFFICERS AND DIRECTORS		CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTHOLOMEW, JOHN 1426 GULF TO BAY BLVD STE E CLEARWATER, FL 33755			· · · · · · · · · · · · · · · · · · ·

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

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12. I hereby certify 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.

SIGNATURE:

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

CHARLES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20 DC