


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90213 018 ***150.00

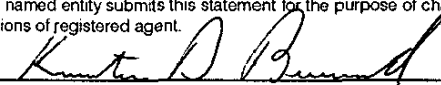
DOCUMENT # P04000015070	
1. Entity Name PALM BEACH BOUNTIFUL BOUTIQUE, INC.	

Principal Place of Business 84 IRONWOOD WAY N. PALM BEACH GARDENS, FL 33418 US	Mailing Address 84 IRONWOOD WAY N. PALM BEACH GARDENS, FL 33418 US
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2. Principal Place of Business 4386 NORTH LAKE BLVD.	3. Mailing Address 4386 NORTH LAKE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

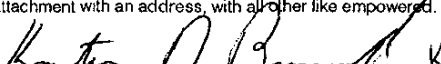
City & State PALM BEACH GARDENS FL	City & State PALM BEACH GARDENS FL
Zip 33410	Zip 33410
Country PALM BEACH	Country PALM BEACH

6. Name and Address of Current Registered Agent BUSSARD, KRISTINA D 84 IRONWOOD WAY PALM BEACH GARDENS, FL 33418	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4386 NORTH LAKE BLVD. City PALM BEACH GARDENS FL Zip Code 33410	

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 	DATE 4/27/05
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUSSARD, KRISTINA D 84 IRONWOOD WAY N. PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	X Change <input type="checkbox"/> Addition 9000 GARDENS GLEN CIRCLE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Kristina D Bussard President	DATE 4/27/05 DAYTIME PHONE # 561-622-2575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	