## **2006 FOR PROFIT CORPORATION**

## FILED Feb 28, 2006 8:00 am

ANNUAL REPORT					Secretary of State				
DOCUMENT # P0400034839  1. Entity Name				<b>A</b>	02-28-2006 90015 036 ***158.75				
PURSE S	TRINGS, INC.								
Principal Plac	e of Business	Mailing Address							
		13808 NW 21ST LANE Gainesville, FL 32606	13808 NW 21ST LANE Gainesville, Fl 32606		t	50	] <b>[</b> ] A . (	۵۸	
2. Principal Place of Business 3. Mailing Address 44029 Wi Newherry Rd \$45									
Suite, Apt. #, efc. Suite, Apt. #, etc.			02202006	Chg-P	CR2E03	4 (11/05)			
City & State New York , Fif		City & State			4. FEI Number Applied For 42-1665210 Not Applicable				
Zin 32 le	69 Country	Zip	Country	5. Certificate	of Status Desired		8.75 Add		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New I	Registered Ac	jent		
ERICKSON, JUDITH A			Name		_	_			
13808 NW 21ST LANE GAINESVILLE, FL 32606			Street Addr	ess (P.O. Box Numb	er is Not Acceptab	le)			
			0'1				1 - ''-		
8 The above	named entity submits this statement for	City	gistered agent or be	th in the State of E	FL	Zip Code			
the obligat	ions of registered agent.	the purpose of changing its f	edizieled ource or lei	gistered agent, or bo	iii, iii iiie Siale of Fi	londa. Tamila /	1	ano accept	
SIGNATURE	Signature from a printed name of registered agent a	CVSUN (NOTE:	Registered Agent signature re	equired when reinstating)	<u></u>	2/24/	06		
. 15		a Floring Committee		<b>A</b>					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees					
10.	OFFICERS AND	I DIRECTORS	11.	ADDITIONS	L CHANGES TO OF	FICERS AND I	DIRECTORS	5 IN 11	
TITLE	P, D	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	ERICKSON, JUDITH A	•	NAME						
STREET ADDRESS CITY-ST-ZIP	13808 NW 21ST LANE GAINESVILLE, FL 32606		STREET ADDRESS CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS						
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NAME STREET ADDRESS			NAME STREET ADDRESS				-	!	
CITY-ST-ZIP			CITY-ST-ZIP						
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		☐ Delete	NAME			• • • • • • • • • • • • • • • • • • • •	☐ Change	☐ Addition	
CITY-ST-ZIP		☐ Delete	1				☐ Change	☐ Addition	
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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:

Davtime Phone #