

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000071955

Entity Name: PEEK AH BOU DESIGNS, INC.

FILED
Jan 24, 2005
Secretary of State

Current Principal Place of Business:

9777 DONATO WAY
LAKE WORTH, FL 33437

New Principal Place of Business:

Current Mailing Address:

9777 DONATO WAY
LAKE WORTH, FL 33437

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDGRAVE & OLIVER LLP
120 EAST PALMETTO PARK ROAD
SUITE 450
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HIRSCH, ANDREA
Address: 9260 VISTA DEL LAGO #23H
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: NEUGESESSER, CARLENE
Address: 9777 DONATO WAY
City-St-Zip: LAKE WORTH, FL 33437

Title: D () Delete
Name: NEUGESESSER, LINDSEY
Address: 605 JEFFERSON DRIVE, APT. 108
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: NEUGESESSER, CORY
Address: 33 E. CAMINO REAL #215
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLENE NEUGESESSER

D

01/24/2005

Electronic Signature of Signing Officer or Director

Date