FILED May 01, 2008 8:00 am Secretary of State

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ANNUAL REPORT	N
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1. Entity Name GINNY'S GARDEN PARTY, INC. 40090290 Principal Place of Business Maiting Address 9807 GULF DRIVE 11101 BELLE MEADE COURT PO 1187 BRADENTON, FL 34209 ANNA MARIA, FL 34216 rincipal Place of Business P.O. Box # 807 Gul Suite, Apt. #, etc 03252008 CR2E034 (12/06) Cha-P City & State MARI 4. FEI Number Applied For 20-1256497 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUTTON, VIRGINIA J Street Address (P.O. Box Number is Not Acceptable) 11101 BELLE MEADE COURT BRADENTON, FL 34209 Zip Code 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 Signature, typed or printed name of registered agent and life if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Oelele TITLE ☐ Change Addition DUTTON, VIRGINIA J NAME NAME STREET ADDRESS 11101 BELLE MEADE COURT STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP DITT Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZiP THEE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-78 CITY-SI-ZIP TITLE ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 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 receives 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:

IRginia J Dutton