


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90193 049 \*\*\*150.00

DOCUMENT # P04000107544		
1. Entity Name QUEEN B'S HOME COUTURES INC		

Principal Place of Business 1254 SW 4TH CT BOCA RATON, FL 33432 US	Mailing Address 1254 SW 4TH CT BOCA RATON, FL 33432 US
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2. Principal Place of Business - No P.O. Box # 454 E PALMETTO PARK RD Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State BOCA RATON FL	City & State	4. FEI Number 20-1388775	Applied For Not Applicable
Zip 33432	Country USA	Zip	Country



01042007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent PRUDHOMME, KAREN M 1254 SW 4TH CT BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Karen M Prudhomme (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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	PD PRUDHOMME, KAREN M 1254 SW 4TH CT BOCA RATON, FL 33432 <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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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: Karen M Prudhomme SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #