2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2007 08:00 AM DOCUMENT # P04000158910 **Secretary of State** BOUGHS & BOWS, INC. Principal Place of Business Mailing Address 105 MARTESIA WAY 105 MARTESIA WAY INDIAN HARBOUR BEACH, FL 32937 INDIAN HARBOUR BEACH, FL 32937 CR2E034 (11/05) 01252007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 59-3788601 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MANGINO-FRIEDLAND, LISA M DO NOT WRITE 105 MARTESIA WAY INDIAN HARBOUR BEACH, FL 32937 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MANGINO-FRIEDLAND, LISA M STREET ADDRESS 105 MARTESIA WAY INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP ~\$~~U00000606925 TITLE 01/31/07-80018-023 150.00 FRIEDLAND, DAVID P NAME STREET ADDRESS 105 MARTESIA WAY INDIAN HARBOUR BEACH, FL 32937 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS

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 receiver or trustae 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 apacity with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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